MINISTER
OF HEALTH

Room 302
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

MINISTER
OF HEALTHY LIVING AND SENIORS

Room 310
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

Her Honour the Honourable Janice C. Filmon, C.M, O.M.
Lieutenant Governor of Manitoba
Room 235, Legislative Building
Winnipeg, Manitoba
R3C 0V8

May It Please Your Honour:

We have the privilege of presenting for the information of Your Honour the Annual Report of Manitoba Health, Healthy Living and Seniors for the fiscal year ending March 31, 2015.

Respectfully submitted,

"Original signed by"

Sharon Blady,
Minister of Health

"Original signed by"

Deanne Crothers,
Minister of Healthy Living and Seniors

Manitoba

Health, Healthy Living and Seniors
Deputy Minister of Health, Healthy Living and Seniors
Winnipeg MB R3C 0V8

Honourable Sharon Blady
Minister of Health

Honourable Deanne Crothers
Minister of Healthy Living and Seniors

Dear Ministers:

I am pleased to present the Annual Report of Manitoba Health, Healthy Living and Seniors (MHHLS) and the Annual Report of the Manitoba Health Services Insurance Plan for the fiscal year 2014/15. Please allow me to highlight a small selection of accomplishments:

- Released "Advancing Continuing Care – A Blueprint to Support System Change", which outlines priority actions in continuing care to meet the needs of individuals and families.
- Launched "Manitoba's Framework for Alzheimer's Disease and Other Dementias", which will serve as a roadmap over the next five years to guide Manitoba's health system planning and investment to improve care and support for Manitobans with dementia, and their families/caregivers.
- Continued to collaborate with the WRHA and CancerCare Manitoba on the implementation of the cancer wait time strategy entitled "Transforming the Cancer Patient Journey in Manitoba," which aims to reduce the time from suspicion to treatment to two months or less.
- Launched the Manitoba Sexually Transmitted and Blood-Borne Infections Strategy.
- Continued to work with First Nations, Métis and Inuit stakeholders, and other provincial and federal departments to address challenges confronting Indigenous health.
- Released the "Moving Forward with School Nutrition Guidelines" to assist schools with the creation of nutrition policies.
- Improved information systems to support performance management.
- Launched the Perspectives Provincial Mental Health Advisory Network, a province-wide network of individuals with lived experience of mental health problems and illnesses and family members who contribute to provincial level mental health planning.
- Established the Recovery Champions Committee to inform action on recovery-oriented mental health services throughout the province.
- Collaborated with Manitoba Housing on the opening of River Point Centre, which uses an integrated service delivery model to offer a continuum of addiction services within one entity.
- Negotiated agreements with Doctors Manitoba, Manitoba Nurses Union (MNU), and other health professional associations. The Doctors Manitoba and MNU agreements include provisions for collaboration on health system improvements and efficiencies.
- Increased the overall number of specialist physicians, general practitioners, registered nurses, nurse practitioners, registered psychiatric nurses, and licensed practical nurses.
- Led the provincial response plan for Ebola preparedness.
- Improved access and quality of primary health care, including development of Quick Care clinics, primary care mobile clinics, the Advanced Access program, My Health Teams and further enhancements to the Family Doctor Finder program.
- Responded to approximately 700 Manitobans who accessed the Smokers Helpline for smoking cessation counseling and support.
- Expanded, streamlined and increased efficiencies of the Electronic Medical Record (EMR) Repository, with over 130 (and growing) primary care clinics regularly submitting EMR data.
- Provided leadership to the Community Health Assessment Network in planning the fourth cycle of community health assessments.
- Partnered with Manitoba Blue Cross to launch a modernized medical claims processing system.
- Provided coverage to Manitobans in need through Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program, and the Palliative Care Drug Program.

- Advanced healthy aging among older adults and communities by hosting a seniors' stop-smoking event, engaging in Age Friendly community consultations, supporting local Seniors and Elders Day activities, and expanding distribution of the Seniors Guide.
- Provided education to facilities and the public through presentations on *The Protection for Persons in Care Act* and *The Adult Abuse Registry Act*.
- Issued 43,032 net new Personal Health Identification Numbers (PHIN) with 16,328 certificates issued to 18-yr-olds receiving their registration numbers for the first time.
- Completed construction on Easterville (Chemawawin Cree Nation) four-unit housing complex for nurses and physicians.
- Implemented legislation that required regional health authority chief executive officers and other health corporation senior officers within a health region to publish their expenses on the RHA website in accordance with amendments to *The Regional Health Authorities Act* (Accountability and Transparency).

The department continued to focus efforts towards the priorities of improving access and service delivery; reducing health disparities; and, enhancing innovation. We continue to emphasize healthy living for all Manitobans, with the goal of preventing disease and injury while promoting the wellness of all Manitobans that in time, will improve the health status of Manitobans.

It is my pleasure to thank Manitoba Health, Healthy Living and Seniors staff, and all who work in the provincial health system for their commitment and dedication in making these important achievements possible.

Respectfully submitted,

"Original signed by"

Karen Herd
Deputy Minister of Health, Healthy Living and Seniors

Manitoba

Santé, Vie saine et Aînés
Sous-ministre de la Santé, de la Vie saine et des Aînés,
Winnipeg (Manitoba) R3C 0V8

Madame Sharon Blady
Ministre de la Santé

Madame Deanne Crothers
Ministre de la Vie saine et des Aînés

Mesdames les Ministres,

J'ai le privilège de vous soumettre le Rapport annuel de Santé, Vie Saine et Aînés Manitoba ainsi que le Rapport annuel du Régime d'assurance-maladie du Manitoba pour l'exercice 2014-2015. Je me permets de souligner quelques-unes de nos réussites :

- la publication du document *L'avancement des soins continus : un plan d'appui au changement du système*, qui souligne les mesures prioritaires dans le domaine des soins continus afin de répondre aux besoins des individus et des familles;
- le lancement du *Cadre stratégique du Manitoba pour la maladie d'Alzheimer et les autres formes de démence*, qui servira de feuille de route pour la planification et les investissements du système de santé au cours des cinq prochaines années en vue d'améliorer les soins et le soutien fournis aux Manitobains et Manitobaines souffrant de démence, ainsi que le soutien apporté aux familles et aux aidants naturels;
- la poursuite, en collaboration avec l'Office régional de la santé de Winnipeg et Action cancer Manitoba, de la mise en œuvre de la stratégie de réduction des délais d'attente pour le traitement du cancer, intitulée *Amélioration du parcours médical des personnes atteintes de cancer au Manitoba*, qui vise à réduire à deux mois ou moins le délai d'attente entre le moment ou l'on soupçonne un cancer et le début du traitement;
- le lancement de la stratégie manitobaine de prévention des infections transmissibles sexuellement ou par le sang;
- la poursuite du travail entamé en collaboration avec les intervenants métis, inuits et des Premières nations et avec d'autres ministères provinciaux et fédéraux pour surmonter les difficultés touchant la santé des populations indigènes;
- la publication du document *Aller de l'avant avec les lignes directrices relatives à la nutrition dans les écoles* pour aider les écoles dans l'élaboration de leurs politiques relatives à la nutrition;
- l'amélioration des systèmes d'information afin d'appuyer la gestion du rendement;
- le lancement du *Réseau consultatif provincial sur les perspectives en santé mentale*, un réseau provincial de personnes ayant un vécu de trouble mental et de maladie mentale, de membres de leur famille et de leurs soutiens naturels qui contribuent au niveau provincial à la planification des services de santé mentale;
- la mise sur pied du comité des champions du rétablissement (*Recovery Champions Committee*) pour mieux informer les décisions concernant les services de santé mentale axés sur le rétablissement dans l'ensemble de la province;
- l'inauguration, en collaboration avec Logement Manitoba, du River Point Centre, qui utilise un modèle de prestation intégrée des services pour offrir un ensemble de services de lutte contre les dépendances au sein d'une même entité;
- la négociation d'ententes avec Doctors Manitoba, le Syndicat des infirmières du Manitoba et d'autres associations de professionnels de la santé. Les ententes conclues avec Doctors Manitoba et le Syndicat des infirmières du Manitoba comprennent des dispositions prévoyant une collaboration sur les questions d'amélioration et d'efficacité du système de santé;
- l'augmentation du nombre global de médecins spécialistes, de médecins généralistes, d'infirmières, d'infirmières praticiennes, d'infirmières psychiatriques et d'infirmières auxiliaires;
- la gestion du plan provincial d'intervention en cas d'arrivée du virus Ebola au Manitoba;
- l'amélioration de l'accès aux soins de santé primaires et de leur qualité, avec notamment le développement de cliniques express, de cliniques mobiles de soins primaires, du programme *Accès*

avancé, des équipes personnelles de santé et diverses améliorations apportées au programme *Trouver un médecin*;

- l'aide fournie à environ 700 Manitobains et Manitobaines souhaitant abandonner le tabac qui ont communiqué avec le service *Téléassistance pour fumeurs* pour y obtenir des conseils et du soutien;
- l'amélioration, la simplification et l'optimisation de l'efficacité du dépôt d'archives de dossiers médicaux électroniques (DME), auquel plus de 130 cliniques de soins primaires soumettent déjà régulièrement leurs données DME;
- la direction offerte au Réseau d'évaluation de la santé communautaire lors de la planification du quatrième cycle d'évaluation des besoins en matière de santé communautaire;
- le partenariat avec Manitoba Blue Cross pour lancer un système modernisé de traitement des réclamations au titre de frais médicaux;
- la couverture médicale offerte aux Manitobains et Manitobaines dans le besoin par l'entremise du Régime d'assurance-médicaments, du Programme d'aide à l'emploi et au revenu, du Programme d'évaluation des frais de médicaments des foyers de soins personnels, du Programme de médicaments anticancéreux pris à domicile et du programme de médicaments de soins palliatifs;
- la promotion du vieillissement en santé chez les personnes âgées et dans les collectivités grâce à l'organisation d'un événement sur l'abandon du tabagisme chez les personnes âgées, à la participation à des consultations dans le cadre du programme de collectivités amies des aînés, au soutien apporté aux activités locales de la Journée des aînés et des anciens, et à une plus large distribution du Guide des aînés;
- l'éducation du grand public et de divers établissements grâce à des présentations sur la *Loi sur la protection des personnes recevant des soins* et la *Loi sur le registre des mauvais traitements infligés aux adultes*;
- l'émission de 43 032 nouveaux numéros d'identification personnelle (NIP) et 16 328 certificats à des jeunes de 18 ans qui recevaient leur numéro d'immatriculation pour la première fois;
- l'achèvement des travaux de construction du complexe résidentiel de 4 unités pour médecins et infirmières à Easterville (nation Cri Chemawawin);
- l'adoption de mesures législatives obligeant les premiers dirigeants des offices régionaux de la santé et les administrateurs principaux d'autres personnes morales dispensant des soins de santé au sein d'une région sanitaire à publier leurs dépenses sur le site Web de l'Office conformément à la *Loi modifiant la Loi sur les offices régionaux de la santé (responsabilisation et transparence)*.

Le ministère a continué de concentrer ses efforts sur les priorités suivantes : l'amélioration de l'accès aux services et de leur prestation, la réduction des disparités en matière de santé, et l'encouragement de l'innovation. Nous continuons de mettre l'accent sur la vie saine pour tous les Manitobains et Manitobaines, afin de favoriser la prévention des maladies et des blessures tout en favorisant le mieux-être de nos résidents - ce qui, avec le temps, améliorera l'état de santé de toute la population.

C'est avec plaisir que je remercie le personnel de Santé, Vie saine et Aînés Manitoba, ainsi que tous ceux qui travaillent dans le système de santé provincial, de leur engagement et de leur dévouement à l'égard de ces importantes réalisations.

Le tout respectueusement soumis.

La sous-ministre de la Santé, de la Vie saine et des Aînés,

« Original signé par»

Karen Herd

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Preface/Introduction

Report Structure

This Annual Report is organized in accordance with the Manitoba Health, Healthy Living and Seniors appropriation structure as set out in the Main Estimates of Expenditure of the Province of Manitoba for the fiscal year ending March 31, 2015. It provides information on Manitoba Health, Healthy Living and Seniors and the Manitoba Health Services Insurance Fund.

The report includes information at the Main and Sub-Appropriation levels related to the department's strategic direction, actual results, financial performance and variances. A five-year adjusted historical table of staffing and expenditures is provided. In addition, expenditure and revenue variance explanations are provided.

A separate financial section includes the audited financial statements of the Manitoba Health Services Insurance Plan. Included with the financial statements is the Schedule of Payments pursuant to the provisions of *The Public Sector Compensation Disclosure Act*. And the report on any disclosures of wrongdoing, as directed under *The Public Interest Disclosure (Whistleblower Protection) Act*, has been included in Appendix IV.

Role and Mission

Manitoba Health, Healthy Living and Seniors is a line department within the Government structure and operates under the provisions of statutes and responsibilities charged to the Minister of Health and to the Minister of Healthy Living and Seniors. The formal mandates contained in legislation, combined with mandates resulting from responses to emerging health and health care issues, establish a framework for the planning and delivery of services.

The stated vision of Manitoba Health, Healthy Living and Seniors is "Healthy Manitobans through an appropriate balance of prevention and care." The department leads the way to quality health care built with creativity, compassion, confidence, trust and respect, and plays a leadership role in promoting prevention and positive health practices.

It is the mission of Manitoba Health, Healthy Living and Seniors "to meet the health needs of individuals, families and their communities by leading a sustainable, publicly administered health system that promotes well-being and provides the right care, in the right place, at the right time." This mission is accomplished by providing strategic direction and leadership to the provincial health system. This includes defining provincial goals, setting priorities, establishing standards and policies based on evidence and best practice, promoting quality and safety, encouraging innovation, allocating resources within the framework of provincial legislation, and assuring accountability while balancing health service needs with fiscal responsibility. The department also manages the insured benefits claims payments for residents of Manitoba related to the cost of medical, hospital, personal care, Pharmacare, and other health services. Most direct services are delivered through health authorities and other health care organizations; however, the department manages the direct operations of Selkirk Mental Health Centre, Cadham Provincial Laboratory and provincial nursing stations.

Report Context

Manitoba Health, Healthy Living and Seniors administers the most complex and publicly-visible social program provided by the Manitoba government. The program is delivered partially by the department and partially through grant agencies, arm's-length health authorities, independent physicians, or other service providers who are paid through fee-for-service or alternate means. It is a complex combination of insured benefits, funded services provided through public institutions ranging from community-based primary care through to tertiary teaching hospitals, and publicly-regulated but privately provided services such as proprietary personal care homes. As well, the department provides leadership and policy support designed to influence the conditions that promote healthy living and well-being across all sectors of the population.

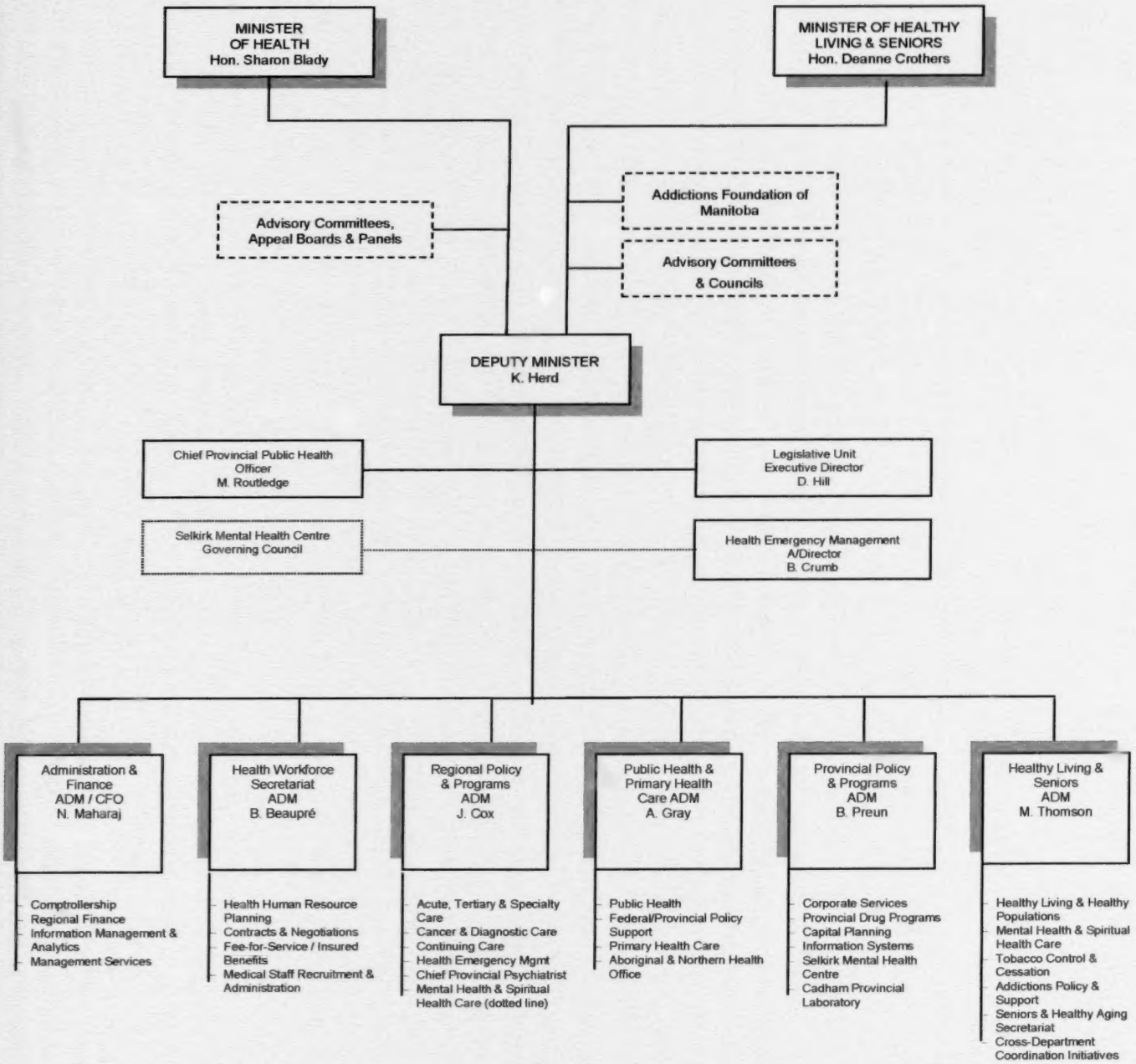
It is important to consider that many factors affect the health of Manitobans, such as family history, gender, culture, education, employment, income, the environment, coping skills and social support networks. "Health" is not merely the absence of disease. It embraces complete physical, mental and social well-being.

Organization

This annual report is organized in accordance with the Manitoba Health, Healthy Living and Seniors appropriation structure, which reflects the organization chart as of March 31, 2015.

MANITOBA HEALTH, HEALTHY LIVING AND SENIORS ORGANIZATION CHART

As of March 31, 2015



Innovation as a foundation of our work

Administration and Finance

Ministers' Salaries

The objectives were:
In accordance with the goals and strategic priorities established by the Premier and Cabinet:

- To provide leadership and policy direction for the renewal of the health system and the delivery of a comprehensive range of health and health care services for Manitobans.
- To provide leadership and policy direction in the development of a comprehensive approach to enhance and improve the health and wellness of Manitobans.

1(a) Ministers' Salaries

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	74	2.00	74	-	
Other Expenditures					
Total Sub-Appropriation	**74**	**2.00**	**74**	**-**	

Executive Support

The objectives were:

- To provide executive support to the Minister of Health and to the Minister of Healthy Living and Seniors in achieving objectives through strategic leadership, management, policy development, program determination, and administration of the department and broadly-defined health services delivery system.

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,413	19.00	1,292	121	
Other Expenditures	161		218	(57)	
Total Sub-Appropriation	**1,574**	**19.00**	**1,510**	**64**	

Finance

Finance is comprised of the following:

- **Comptrollership**
- **Regional and Capital Finance**
- **Information Management and Analytics**
- **Management Services**

Comptrollership

The objectives were:

- To provide a complete identification and fair allocation of both tangible and fiscal resources, and, through monitoring and reporting, the effective and efficient use of those resources in accordance with government priorities.
- To ensure that financial reporting for the department is efficient, accurate and consistent.
- To ensure an equitable personal care home rate structure and a level of revenue that partially offsets the total cost of long-term care for RHAs, through the management of the assessment and appeal process.

The expected and actual results for 2014/15 included:

1. Effective and efficient use of tangible and fiscal resources for departmental programs and external agencies consistent with the established priorities of the department and government.
   - Based on Departmental priorities, established guidelines and policies, Manitoba Health, Healthy Living and Seniors was able to effectively and efficiently utilize the tangible and fiscal resources of the department to provide relevant budgets to departmental programs, regional health authorities and external agencies.

2. Efficient and accurate preparation of annual planning and reporting documents, ex: Estimates, Quarterly Financial reports and other financial reports or documents.
   - Estimates, estimates supplement, quarterly financial reports, the Annual Report and other financial reports or documents were prepared in accordance with legislative requirements, Treasury Board and senior management requirements within established deadlines.

3. Efficient, accurate information provided to government on the fiscal status of the department.
   - Monthly and quarterly financial reports, the Annual Report and other financial reports or documents on the fiscal status of Manitoba Health, Healthy Living and Seniors were prepared in a timely manner.

4. Equitable rate structure for the Residential Charges Program.
   - Through management of rate assessment and the review of residential charges policies to provide for a more efficient appeal process for all long term care clients, Manitoba Health, Healthy Living and Seniors was able to provide an equitable rate structure for the residential charges program.

Regional and Capital Finance

The objectives were:

- To provide expertise, consultation and analysis to departmental programs, health authorities and agencies to facilitate a common understanding of financial information, legislative and reporting requirements and methodologies.
- To develop and monitor processes that enable the department to set expectations and assess financial results of health authorities and other health organizations.
- To provide distribution of funds to health authorities and other health organizations in accordance with departmental priorities and legislation.
- To monitor health authorities' and other health organizations' financial and operational results including in-year variance reports and future year Estimates projections.
- To manage capital funding for approved capital needs in a timely and cost effective manner and in accordance with policy.

The expected and actual results for 2014/15 included:

1. Consistent and reliable financial reporting to the department from health authorities, other health organizations and other agencies.
   - Received financial forecast reports, completed financial templates and other reports regarding identification of required deliverables on monthly, quarterly and annual timelines as established by Manitoba Health, Healthy Living and Seniors.
   - Analyzed financial reporting received from health authorities and other agencies for accuracy, consistency and completeness. The information was verified through consultation with various internal and external stakeholders.
   - Reviewed processes continually for efficiencies and improvement opportunities.

2. Efficient, accurate and consistent financial reporting of the Health Services Insurance Fund.
   - Provided accurate and consistent financial reporting of the Manitoba Health Services Insurance Fund through financial reporting documents in an efficient manner to meet reporting deadlines.
   - Aligned internal processes and timelines with critical reporting deadlines to ensure timely submission of information.

3. Allocation of resources to health authorities, other health organizations and other agencies consistent with established priorities of the department.
   - Reviewed financial requirements of health authorities and other agencies against established priorities of the department in order to allocate resources.

4. Financial expertise and direction provided to health authorities, other health organizations and agencies, in support of various departmental projects and initiatives, including capital funding requirements.
   - Provided financial expertise and analysis to various internal and external stakeholders.
   - Responded to ad hoc requests on a timely basis from various stakeholders.
   - Provided financial support and consultation to various committees and working groups.
   - Responded to adhoc queries from stakeholders and organizations and produced analyses and briefings focusing specifically on financial impacts.

5. Accurate and timely funding of capital expenditures to health authorities and other health organizations in accordance with policy.
   - Provided approved funding to health authorities in a timely and accurate manner.
   - Initiated debt repayment on outstanding approved borrowings upon project completion.
   - Managed outstanding debt to minimize cost within a conservative risk portfolio.

Information Management and Analytics (formerly Health Information Management)

The objectives were:

- To ensure the timely collection of financial, statistical, clinical and performance management information from the RHAs in accordance with provincial and national reporting requirements.
- To lead in the area of data management, reporting, analysis and interpretation of health information to inform and support the strategic functions of the department and the RHAs, including public accountability.
- To coordinate and support health research-related activities, and ensure the appropriate use of health information in accordance with privacy legislation.

The expected and actual results for 2014/15 included:

1. Department programs, the RHAs, researchers, public organizations and the general public have access to health care information for accountability, operational, planning, evaluation and research needs.
   - Continued development and maintenance of databases to support internal and third-party information requirements, including provision of data to organizations such as: the Manitoba Centre for Health Policy, CancerCare Manitoba, the Canadian Institute for Health Information and Statistics Canada.
   - Facilitated access to data and statistics by providing leadership, information/consultation, support and training within the department and the RHAs on a wide variety of health information matters.

- Participated in provincial and national committees and working groups, including providing leadership to several data quality and health indicator committees.
- Produced many health system reports, including the Annual Statistics Report, the Population Report, standard reports for the RHAs, as well as weekly and monthly statistical reporting on the department website.
- Responded to ad hoc data requests from stakeholders and organizations and produced specific analyses and briefings for health data and research publications.
- Provided data and statistical support to various committees.

2. Data infrastructure, policies and agreements are in place to support the appropriate collection, management, use and disclosure of health information, in accordance with *The Personal Health Information Act* (PHIA) and other applicable legislation.
   - Developed policies, processes and procedures for the use of data for health research.
   - Implemented data sharing agreements and researcher agreements with key organizations involved in health research.
   - Continued development of the data sharing agreement with the Canadian Institute for Health Information.

3. A preliminary health system management tool that allows the collection and sharing of key high priority system indicators across the RHAs and the department is in the production stage.
   - All testing was completed for the Provincial Health System Performance Indicator Portal (PHSPIP), including final User Acceptance Testing.
   - The PHSPIP tool has been implemented in all health authorities, the department and the Deputy Minister's office.
   - The scope of Phase Two is currently being worked on and will proceed for funding approval in the upcoming fiscal year.

4. A secure technical solution is in place to position Physician Integrated Network clinic sites for Electronic Medical Records submission for Quality Based Incentive Funding payments.
   - The electronic medical record extracts from the Physician Integrated Network clinics have been merged with the larger Electronic Medical Record (EMR) Repository in order to streamline and create processing efficiencies.
   - The EMR Repository continues to add additional clinics and currently, well over 130 primary care clinics regularly submit EMR data.

5. A process is in place to manage ongoing extracts of Electronic Medical Record patient activity from physician clinics participating in the Infoway/Manitoba Health Electronic Medical Record Funding Project and to return Comparative Analytic Reports to support data quality and improved patient outcomes.
   - Comparative Analytics reports were distributed to clinics who had reached a sufficient level of monthly submissions, including fall reports specific to diabetes and hypertension and spring reports focusing on coronary artery disease and congestive heart failure. Additional reports were developed specifically for the Physician Integrated Network clinics narrowing the focus to only enrolled patients receiving care within the sites, and were distributed every six months along with the main reports.

6. An integrated, coordinated approach by the department to health research activities.
   - Provided expert data and administrative support to the Health Information Privacy Committee established under PHIA.
   - Provided ongoing coordination and support to the contractual relationship between Manitoba Health, Healthy Living & Seniors and the Manitoba Centre for Health Policy, including development of the annual research agenda.
   - Undertook partnership activities related to health services policy research in accordance with Research Manitoba.

7. An Information Management Strategy that will guide the province's direction, priorities and investments in relation to the information needed to monitor performance and quality of care.
    - Publicly released a Request for Proposal for professional services to review the current state of information management and analytics within the healthcare system of Manitoba and provide feedback on governance, priorities and the future vision of Information Management and Analytics in the healthcare sector.

Management Services

The objectives were:

- To lead, facilitate and coordinate key management functions within the department, such as: strategic planning and alignment; regional health planning; governance; accountability; risk management; project management support; and organization performance management.
- To provide leadership and coordination for several department processes, such as: preparation and distribution of the department's Supplementary Information for Legislative Review and Annual Report, responses to ministerial correspondence, briefing material for legislative sessions, and administrative supports for the governance of health-related agencies, boards, and committees.

The expected and actual results for 2014/15 included:

1. Improved engagement and capacity for department planning and alignment activities, including risk management and performance management.
    - Provided strategic coordination and led processes to better align work across the department to advance the department's priorities and goals.
    - Provided training, resources and tools to department staff to strengthen capacity in planning, alignment, and performance management.
    - Strengthened risk management practices in the department and better integrated practices with planning processes.
    - Advanced design and implementation planning for strengthening and standardizing the department's review, approval, and oversight of implementation of proposals.
    - Provided project management consultation for department initiatives, as requested.
    - Continued to co-lead the Government of Manitoba's Performance Management Community of Practice to develop performance management capacity across departments.
    - Promoted department-wide staff development and role clarity through a range of activities, including the coordination or delivery of staff information and discussion sessions on a range of government/corporate processes and knowledge areas.
    - Fully integrated Healthy Living and Seniors Division into departmental corporate processes following the last government reorganization.

2. Strengthened health system planning, governance and accountability.
    - Coordinated improvements to the health authority planning, governance and accountability processes for the purpose of ensuring greater alignment with provincial priorities, goals, and health objectives.
    - Co-chaired the Planning, Accountability & Enterprise Risk Management Council to advance coordination and integration of planning, accountability, and risk management practices across the provincial health system.
    - Reviewed accountability practices related to health authorities.
    - Applied the draft health system performance management framework to the four provincial health objectives and initiated consultations with department staff and regional health authorities.

3. Documentation and processes coordinated by the branch meet relevant standards, guidelines, including timelines.
    - Coordinated internal department processes for the production and distribution of the department's Supplementary Information for Legislative Review, Annual Report, Annual Departmental Plan to Treasury Board, Ministerial Housebooks, and Ministers' briefing materials for the legislative session.
    - Coordinated the department's responses to more than 700 ministerial letters.
    - Coordinated administrative processes for appointments to 38 health-related agencies, boards and committees.

1(c) Finance

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	6,611	96.75	6,645	(34)	
Other Expenditures	1,260		1,419	(159)	
Total Sub-Appropriation	**7,871**	**96.75**	**8,064**	**(193)**	

Legislative Unit

The objectives were:

- To provide leadership, advice and support to the department on the development of new or amended legislation and regulations.
- To coordinate the department's response to requests for access to information under the *Freedom of Information and Protection of Privacy Act* (FIPPA).
- To provide education and training on and respond to enquiries under *The Personal Health Information Act* (PHIA).

The expected and actual results for 2014/15 included:

1. Development and coordination of statutes and regulations that provide a sound legislative base for meeting the mission of the department.

   Legislative Proposals:

   - There were four health-related statutes amended, enacted or partially proclaimed for the fiscal year 2014/2015 (details outlined in Appendix II):
     - *The Regional Health Authorities Amendment Act (Accountability and Transparency)* – Portions of this act were proclaimed into force effective April 1, 2014 to:
       i) Require that the expenses of the CEO of each RHA and the CEO or designated senior officer of each health corporation located in a RHA's Health Region to be published on the RHA website;
       ii) Require rural and northern RHAs to limit expenditures on corporate costs in each fiscal year; and
       iii) Enable the Minister to make a regulation establishing the corporate cost limits.
     - *The Health Services Insurance Amendment* and *Hospitals Amendment Act (Admitting Privileges)* – This Act was proclaimed into force on May 30, 2014.
       i) *The Health Services Insurance Act* was amended to recognize the authority of registered nurses (extended practice) and midwives to admit patients to hospital.
       ii) *The Hospitals Act* was amended to recognize the authority of registered nurses (extended practice) and midwives to admit patients to hospital.
     - *The Non-Smokers Health Protection Amendment Act (Prohibitions on Flavoured Tobacco and other Amendments)* – Received Royal Assent on June 12, 2014 but has not yet been proclaimed into force. Upon proclamation, the amendments will:
       i) prohibit the sale or supply of flavoured tobacco products; and
       ii) also extend the general prohibition against selling or supplying tobacco products to children by repealing the exemption allowing a parent to provide tobacco to his or her child in a non-public place.
     - *The Regional Health Authorities Amendment Act (Improved Fiscal Responsibility and Community Involvement)* – Portions of this act were proclaimed into force effective September 2, 2014 to:
       i) Require RHAs to establish local health involvement groups to provide advice on issues that impact the delivery of local health services.

   Regulatory Amendments:

   - Assisted in the development of required regulation amendments to 13 regulations under various health related legislation (see Appendix II for details).

2. Development and implementation of the department's annual legislative agenda in accordance with government processes and timelines.
   - This was met as outlined above.

3. Accurate and timely information provided to internal and external clients about legislation, including *The Personal Health Information Act*, and the legislative process.
   - Accurate and timely information was provided. Among other activities in the area, staff of the Unit provided 32 informational presentations on *The Personal Health Information Act* and FIPPA to organizations and department staff over the course of the year.

4. Implementation of Labour Mobility obligations for the regulated health professions.
   - Worked with regulatory bodies with respect to meeting their labour mobility obligations.

5. Requests for access to information under the *Freedom of Information and Protection of Privacy Act* are dealt with in accordance with the Act.
   - The *Freedom of Information and Protection of Privacy Act* (FIPPA):
     - There were 232 responses to FIPPA requests for information. Per standard FIPPA reporting, these numbers are based on a calendar year.

1(d) Central Services

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	702	7.00	514	188	
Other Expenditures	122		296	(174)	
External Agencies	417		518	(101)	
Total Sub-Appropriation	**1,241**	**7.00**	**1,328**	**(87)**	

Provincial Policy and Programs

The Provincial Policy and Programs Division provides leadership and support to internal and external clients of Manitoba Health, Healthy Living and Seniors with a focus on policy, planning, accountability, and support to provincial programs.

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of the department with a focus on:
  - Information system technology, including Manitoba eHealth
  - Provincial drug programs
  - Capital planning
  - Corporate Services, including Web Services, French Language Services, the Manitoba Health Appeal Board, the Mental Health Review Board, and the Protection for Persons in Care Office
  - Cadham Provincial Laboratory Services (CPL)
  - Selkirk Mental Health Centre (SMHC)
- To provide policy direction and operational systems to improve the effectiveness and efficiency of designated department program delivery and as it relates to the broader health system.

The expected and actual results for 2014/15 included:

1. Strategic directions consistent with the department's priorities, with respect to provincially funded drug benefits, the provincial health capital program, including information and communication technology systems.
   - Completed a study of ICT in the health sector.
   - Initiated a province-wide risk assessment process to support the prioritization of health ICT initiatives.

- Continued to participate and support the pan-Canadian Pharmaceutical Alliance towards improving the sustainability of the drug program.
- The 2014/2015 strategic health capital plan proposed investments in new emergency departments, personal care homes, cancer treatment facilities, primary care clinics and renal health facilities; and information technology systems.

2. Equitable and appropriate utilization of provincially funded drug benefits recognizing pharmaceuticals as a vital component of health care in Manitoba.
   - Administered the Manitoba Drug Benefits and Interchangeability Formulary. Updates on the amendments to the Formulary were provided in five bulletins that were communicated to the pharmacists and physicians of Manitoba.
   - Listed new generic drugs on the Formulary enabling Manitobans to access additional lower-cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable to that in other Canadian jurisdictions.
   - Processed 258,233 Pharmacare applications; 69,050 families received Pharmacare benefits to Provincial Drug Programs.

3. Improved laboratory screening programs, quality public health laboratory results to practitioners and productive collaborations with stakeholders.
   - Increased and improved screening and detection of respiratory viral disease and sexually transmitted and blood borne infections.
   - Streamlined laboratory processes to deliver more timely public health lab services.
   - Continued collaborations which inform provincial and international-level policies and control programs.

4. Service delivery at SMHC and as part of the broader health care system that reflects the Centre's core values of hope, respect and excellence.
   - Selkirk Mental Health Centre continues working towards implementing best practice programs and services. Development of role statements to set out SMHC's future programs and services continued.

5. Effective administration of *The Protection for Persons in Care Act*.
   - 2541 reports of alleged abuse or neglect were processed through a series of steps: intake, inquiry, and investigation. All reports received were reviewed and 118 cases proceeded to investigation where there were reasonable grounds to believe that abuse or neglect occurred.

2(a) Administration

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	275	3.00	238	37	
Other Expenditures	69		52	17	
Total Sub-Appropriation	**344**	**3.00**	**290**	**54**	

Information Systems

Information Systems Branch (ISB) is responsible for providing strategic, tactical and operational information systems and information technology leadership and solutions to support the objectives and priorities of Manitoba Health, Healthy Living and Seniors (MHHLS). The Manitoba eHealth Provincial Program ("Manitoba eHealth") has the responsibility and mandate to provide these same services to the regional health authorities, health care facilities, health care associations and other providers of health care services within Manitoba's health care system. Information Systems continues to provide consultative services and project co-ordination on information systems initiatives involving the department and other government agencies, while Manitoba eHealth coordinates and aligns federal, provincial, health sector, and inter-sector projects.

The objectives were:

- To provide and facilitate strategic Information and Communication Technology (ICT) solutions to support the objectives and priorities of MHHLS and the broader health care province-wide ICT system.
- To coordinate and align department ICT projects with the priorities of MHHLS.
- To provide and maintain key departmental information systems.
- To facilitate ICT awareness and education for MHHLS staff in order to create more knowledgeable ICT consumers.
- To ensure that departmental ICT systems, processes and procedures are compliant with both departmental and the Government of Manitoba ICT Security Policies.
- To provide leadership, project oversight, policy direction and advice to Manitoba eHealth and the publicly funded health care sector on health care's ICT strategy and initiatives.
- To identify, record, track and plan for mitigating ICT risks that affect the department.

The expected and actual results for 2014/15 included:

1. ICT initiatives are appropriately scoped, resourced and supported to achieve the identified project objectives and the overall strategic objectives of the department.
   - Worked with MHHLS branches and programs to identify scope and secure approval for department ICT initiatives.
   - Provided consultation and project management services to department initiatives to ensure appropriate resourcing and solution delivery.
   - Worked with Manitoba eHealth and Manitoba Jobs and the Economy – Business Transformation and Technology (BTT) to secure project implementation and delivery services as required for department initiatives.

2. Electronic data interchange between the department, Manitoba eHealth, regional health authorities, health care providers and other government departments and jurisdictions will be effective, secure and appropriate.
   - Migrated practitioners from the legacy government internet portal (SIS) to the new government internet portal (WEBLINK). This allows the practitioners to submit electronic claim information to the Claims Processing System (CPS).

3. Upgrades and functional changes to existing systems are completed in a timely fashion, in priority sequence, and in accordance with business rules and requirements.
   - Upgraded the Protection for Persons in Care Office (PPCO) tracking system. This upgrade involved replacing the server platform that the PPCO system was running on.
   - Began migration of tape archived data to virtual tape system (disk) due to obsolete IBM technology (physical tape drive model no longer supported). This project is expected to finish in 2016.
   - Implemented virtualization technology on existing Secure File Transfer (SFT) system resulting in increased capacity and reliability.
   - Created an interface with the legacy Manitoba Immunization Monitoring System (MIMS) and the new Panorama system. This two-way feed was established to keep both systems up to date with immunization information, until the Panorama system is fully implemented.
   - Continued to enhance the Unattached Patient Registry (UPR) system to support the Family Doctor Connection Program.
   - Completed work on the conversion and interface programs which are used to transfer claims data to and from the new Medical Claims Processing System (CPS). Completed testing of the new CPS system, for implementation in April 2015.
   - All regional health authorities, with the exception of the WRHA, were migrated from the legacy Manitoba Support Services Payroll (MSSP) system to regional payroll systems. The WRHA is scheduled to be migrated in July 2015.

4. Necessary data and information are accessible for department staff to achieve corporate goals and objectives.
   - Continued to facilitate the provision of data to both internal and external organizations for the purposes of decision support and the effective management of health information.
   - Continued to coordinate and facilitate the management and expansion of network connectivity within Manitoba's health sector, effecting improvements in Manitoba's Provincial Data Network.

5. Manitoba eHealth ICT solutions and operations support the strategic objectives of the department, the regional health authorities and the publicly funded health sector.
   - Continued to work with Manitoba eHealth to appropriately define strategic health ICT objectives and initiatives.
   - MHHLS continues to support an annual ICT Infrastructure Renewal Program managed by Manitoba eHealth. This program focuses on developing a consistent and coherent approach to replacing and upgrading old, obsolete and failing technical infrastructure in Manitoba's health information systems operating environment. The program allows for a consistent and streamlined approach to the renewal of ICT needed to support provincial health care applications and shared services.
   - Monitored the progress of major in flight Manitoba eHealth initiatives including, but not limited to Panorama (Public Health), Health Information System at Health Sciences Centre (Admission, Discharge Transfer, results reporting, chart tracking, scheduling), Provincial Laboratory Information System (PLIS).

2(b) Information Systems

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	4,092	60.20	4,449	(357)	
Other Expenditures	619		913	(294)	
Provincial Program Support Cost	5,009		5,036	(27)	
Total Sub-Appropriation	**9,720**	**60.20**	**10,398**	**(678)**	

Provincial Drug Programs

Provincial Drug Programs include Pharmacare, the Palliative Care Drug Access Program, the Home Cancer Drug Program and drug plan benefits for Employment and Income Assistance Program participants and residents of personal care homes.

The Professional Services Unit is responsible for:

- The professional leadership and support for the Manitoba Drug Standards and Therapeutics Committee, a committee of physicians and pharmacists that makes recommendations to the Minister of Health on drugs to be listed in the Manitoba Drug Benefits and Interchangeability (Manitoba Formulary).
- Participation in the Common Drug Review (CDR) that provides expert advice on drugs to participating provincial, territorial and federal drug plans based on rigorous, objective reviews of clinical and cost effectiveness.
- Professional direction for and operation of the Exception Drug Status (EDS) Office that provides approval on an individual basis for drugs that have designated criteria established.
- Administers the Manitoba Formulary.
- Analysis and monitoring of the Drug Programs Information Network data.

The Operations Unit is responsible for:

- Customer-focused service to provide current information to the public either by phone, fax, internet, mail or in person.
- Providing helpdesk support and troubleshooting to Manitoba pharmacy providers with their claims adjudications and processing by phone.
- Processing Pharmacare applications and adjudicating claims under Pharmacare, Ancillary Services and the Prosthetic and Orthotics Program.
- Continuous evaluation of work processes to improve effectiveness and efficiency of the program.

The objectives were:

- To manage and administer sustainable drug programs which provide Manitobans with access to eligible drug benefits as prescribed by *The Prescription Drugs Cost Assistance Act*, *The Pharmaceutical Act* and *The Health Services Insurance Act*.

The expected and actual results for 2014/15 included:

1. Access for Manitobans to cost effective medications.
   - Manitoba Health, Healthy Living and Seniors continues to support the Common Drug Review and the Pan-Canadian Oncology Drug Review, and the Pan-Canadian Pharmaceutical Alliance - national processes for evidence-based reviews and listing recommendations of new chemical entities and oncology drugs.
   - Provincial Drug Programs administered the Manitoba Formulary. Updates on the amendments to the Manitoba Formulary were provided in five bulletins which were communicated to the pharmacists and physicians of Manitoba.
   - The listing of new generic drugs on the Manitoba Formulary enabled Manitobans to access additional lower cost generic medications. The ongoing utilization of generic drug submission requirements ensures generic drug pricing in Manitoba that is equitable with that in other Canadian jurisdictions.
   - Provincial Drug Programs representatives participated on three advisory committees to the Canadian Agency for Drugs and Technologies in Health. Provincial Drug Programs representatives participated on two advisory committees to the Pan-Canadian Oncology Drug Review. Committee members also facilitated effective jurisdictional sharing of pharmaceutical information.

2. Financial assistance to Manitobans for eligible drug benefits.
   - Provided benefit coverage for Manitobans enrolled in the income-based Pharmacare, the Employment and Income Assistance Program, the Personal Care Home Drug Program, the Home Cancer Drug Program and the Palliative Care Drug Program.
   - Processed 258,233 Pharmacare applications; 69,050 families received Pharmacare benefits.
   - Processed 54,728 requests through the Exception Drug Status Program.
   - Enrolled 1,019 families in the Deductible Instalment Payment Program for Pharmacare.
   - Provided benefits for 50,201 families through Ancillary Services and the Prosthetic and Orthotic Program.
   - Maintained the Home Cancer Drug (HCD) Program in collaboration with CancerCare Manitoba (CCMB). The Provincial Oncology Drug Program is operated at CCMB sites across Manitoba and provides intravenous chemotherapy agents, Interferon (Intron A), Immunosuppressants for bone marrow transplant patients, and Prostate Cancer Hormone Therapies. The HCD Program supports CCMB patients at home. Access to eligible cancer drugs and specific supportive drugs designated on the HCD Program Drug Benefits List are provided to cancer patients through the community pharmacy of their choice at no cost to the patient.
   - 8,067 patients benefited from the HCD program in 2014/15, up from 7,604 in 2013/14.
   - The Provincial Drug Programs Review Committee met on a monthly basis to review requests for benefit coverage for drugs not eligible for Exception Drug Status.
   - The Manitoba Drug Standards and Therapeutics Committee reviewed drug submissions, to provide recommendations on drug interchangeability and to discuss the therapeutic and economic value of various drug benefits.

3. Implementation of strategies to ensure sustainability of provincial drug programs.
   - Implemented approvals for benefit coverage through the Exception Drug Status Office for new drugs added to the Manitoba Formulary with criteria for use established through the utilization management agreements (UMA) with manufacturers.
   - Continued reduction of processing times for Pharmacare applications with the weekly validation of income data with Canada Revenue Agency.
   - Continued collaboration with Manitoba Hydro to provide eligible Pharmacare beneficiaries the option to pay their annual Pharmacare deductible in monthly instalments through the Deductible Instalment Payment Program.
   - Lead several pCPA negotiations and participated in all others with the result of improved pricing and access to new drugs through these collaborative negotiations with other jurisdictions.

2(c) Provincial Drug Programs

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,295	43.00	2,531	(236)	
Other Expenditures	707		522	185	
Total Sub-Appropriation	**3,002**	**43.00**	**3,053**	**(51)**	

Corporate Services

Corporate Services Branch promotes compliance with *The Protection for Persons in Care Act*, and reviews reports of alleged abuse under the Act through the Protection for Persons in Care Office (PPCO), provides administrative support for health care services appeals and mental health reviews, coordinates French language services for internal and external clients, and manages communication through the Manitoba Health, Healthy Living and Seniors internal and external websites.

The objectives were:

- To manage inquiries and investigations into alleged abuse and neglect of patients in designated health care facilities, reported to the Protection for Persons in Care Office (PPCO) in accordance with the legislative requirements of *The Protection for Persons in Care Act.*
- To provide a consultative, advisory and administrative link among bilingual-designated regional health authorities, external agencies funded by the department, and the public, in matters relating to French Language Services (FLS).
- To provide assistance and guidance to department staff concerning the French Language Services policy, the Active Offer policy and the translation and publication of French documents.
- To develop, deliver and maintain all information, online services and applications related to the department's public-facing websites.
- To manage departmental compliance with and accommodation activities in support of the Manitoba Policy on Access to Government.
- To support the Manitoba Health Appeal Board in providing an appeal process for the public on certain decisions made under *The Health Services Insurance Act*, *The Emergency Medical Response and Stretcher Transportation Act*, *The Mental Health Act*, the Hepatitis C Assistance Program and the Home Care Program.
- To support the provision of a review process through the Mental Health Review Board for the admission or treatment of a patient in a psychiatric facility as required by *The Mental Health Act.*

The expected and actual results for 2014/15 included:

1. Efficient inquiry and investigation by the PPCO of reports of alleged patient abuse and neglect.
   - Reports of alleged abuse or neglect were processed through a series of steps: intake, inquiry, and investigation. All reports received were reviewed and proceeded to investigation if there were reasonable grounds to believe that abuse or neglect occurred.
   - Processes continue to be reviewed and steps continue to be implemented to make the handling of reports more efficient and timely, as well as aligned with *The Protection for Persons in Care Act.*
   - Referrals were made to the Adult Abuse Registry Committee on cases of founded abuse and neglect as required by legislation and regulations.

2. Improved awareness by health care facilities and the general public of the process for reporting patient abuse and neglect.
   - Continued efforts were made to provide education and consultation for facilities and the public by formally issuing directions and informally through presentations on *The Protection for Persons in Care Act* and *The Adult Abuse Registry Act.*
   - Facilities were made aware of the opportunity to have their staff receive education on the PPCO and relevant legislation when provided with the results of investigations.
   - Information for the public was made available on the PPCO website and in informational brochures.

3. The Active Offer policy in use in all public-facing areas of the department, with all relevant staff oriented to the policy.
   - A narrated French Language Services and Active Offer presentation was added to the online portion of the employee orientation posted on the MHHLS intranet and is ready for employee use.
   - In-person presentations are done on a bi-annual basis for Insured Benefits staff given their client service front-line role.

4. Provision of FLS through the department, in an accessible and satisfactory manner to the French speaking public of Manitoba.
   - Only two FLS-related complaints were received in 2014/15. Both were resolved to the complainants' satisfaction.
   - Over 13% of website hits were on French pages, for a total of over 340,000 hits.

5. The department's public documents, in paper or electronic format, produced in French within five to ten business days.
   - 90% of documents were produced in French within five to ten business days.

6. Regularly reviewed and updated existing websites and new web-based information developed to provide ongoing support to the department.
   - Provided ongoing website development, promotion and technical support upon request as required.

7. Compliance with Manitoba Policy on Access to Government.
   - Disability Access Coordinator provided ongoing direction and support to the department's compliance with Manitoba Policy on Access to Government for Manitobans with disabilities.

8. The Mental Health Review Board and the Manitoba Health Appeal Board hold hearings and render decisions in a timely manner.
   - The Mental Health Review Board (MHRB) processed a total of 264 review hearing applications. Timely, fair and impartial hearings were provided for 58 review hearings by application and 23 automatic review hearings for a total of 81 review hearings. Hearings were held within 21 days as required by *The Mental Health Act*. Decisions were rendered independently by the MHRB and rationale was provided to all parties following each hearing.

   - The Manitoba Health Appeal Board (MHAB) processed 123 Notice of Appeals and held 48 appeal hearings. The hearings were for the following type of appeals:
     - 27 Authorized Charge
     - 12 Insured Benefits
     - 7 Home Care Services
     - 2 Personal Care Home Placement
     - **48 Total**

   - The MHAB heard and decided 36 Motion Orders with respect to requests for extensions of time to file an appeal beyond the 30-day time limit set out in *The Health Services Insurance Act*.

2(d) Corporate Services

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,520	20.00	1,374	146	
Other Expenditures	759		733	26	
External Agencies	425		395	30	
Total Sub-Appropriation	**2,704**	**20.00**	**2,502**	**202**	

Capital Planning

Capital Planning provides planning and management expertise and capital financing for the construction and maintenance of hospitals, personal care homes and other health facilities.

The objectives were:

- To oversee development and implementation of the provincial health capital program, and advise government on infrastructure and related policy and program requirements to support population health objectives and ensure the sustainability of health facilities in Manitoba.

The expected and actual results for 2014/15 included:

1. A capital plan that supports the department's population health objectives.
   - Developed a multi-year strategic capital plan to address the operational service needs for the provincial health care system.
   - Completed updating the 2005 Planning Guide for Personal Care Homes in Manitoba. The 2013 Planning Guide for Personal Care Homes in Manitoba is the current reference document.
   - The development of a physical condition (building assessment) evaluation tool was completed for personal care homes in Manitoba.

2. Health capital projects which are defined and implemented in accordance with regional need and best practices, appropriate standards (program, design and construction) and negotiated cost limits.
   - This multi-year strategic capital plan reflects the department's goals and priorities and regional service requirements aligned with evidence based information, CSA standards for health care facilities, and technical standards that inform current professional practice.
   - An assessment of the physical condition of personal care homes in Manitoba was initiated.

3. Transparent and equitable application of policies related to business practices, construction, department funding and community cost-sharing.
   - Utilized a competitive, fair and transparent process to secure consultant and construction services for all healthcare facility capital projects.

4. Efficient and accurate information on the capital program, forecasting in the areas of infrastructure maintenance requirements and emerging program models, and development of appropriate program and policy options.
   - Completed the annual update on program information and cost data on all approved and constructed major capital projects as well as on annual maintenance and repair projects.

5. Health care infrastructure that is sustainable and sufficiently flexible to meet the changing needs of the population, as well as requirements of innovation in service delivery.
   - The Provincial Green Building Policy for Government of Manitoba Funded Projects was applied to all 2014/15 major capital projects. The policy was applicable to site selection, design, new construction and for renovation projects. Power Smart™, LEED®, or Green Globes™ rating systems are employed to validate achieving the requirements of these programs.
   - Incorporating "ground source energy" systems to conserve energy and reduce operating costs was successful in new Emergency Medical Service facilities as well as in other capital projects.
   - Fundamental and enhanced building and systems commissioning continued as part of all capital projects. This process ensured achievement of the owner's long-term operating expense and sustainability goals.

Capital Projects completed during the 2014/2015 fiscal year:

Acute Care:

- Northern RHA – Easterville (Chemawawin Cree Nation) – Construction of a four-unit housing complex to accommodate four permanent full-time nurses and itinerant physicians.
- Southern Health-Santé Sud – Steinbach – Bethesda Regional Health Centre – The redevelopment and expansion of the emergency department increased the department's square footage to 45,000; 24 patient treatment and examination spaces, including observation, special care and mental health area plus private admitting and triage areas.

- Winnipeg Regional Health Authority – Misericordia Health Centre – the centre will house the Opthalmology Eye Centre of Excellence, Ambulatory Diagnostic Centre and the PRIME (Pre-Intensive Management of the Elderly).

Primary Care:

- Winnipeg Regional Health Authority – ACCESS Winnipeg West – The new ACCESS Centre at the Grace Hospital is over 63,747 square feet and will provide a wide range of services and professional staff including doctors, nurses, nurse practitioners, home care workers, mental health workers, dieticians, pharmacists, social workers and other staff support for seniors, supported living, employment and income assistance, housing and child care including daycare.

Capital Projects under construction or continued construction during the 2014/2015 fiscal year:

Acute Care:

- Interlake-Eastern RHA – Selkirk Regional Health Centre – Construction of a new health centre is under way in Selkirk. The new facility, approximately 184,870 square feet, will include surgery, obstetrics, medicine, emergency, diagnostic imaging, rehabilitation, community cancer outreach, dialysis, palliative care and MRI imaging.
- Northern RHA – Grand Rapids Provincial Nursing Station (Misipawistik Cree Nation) – Construction of a new nursing station is being built in Grand Rapids to serve the Town of Grand Rapids and the Misipawistik Cree Nation. The new nursing station will be approximately 8,945 square feet, includes three exam rooms and one two-stretcher trauma room, a multipurpose room to accommodate community gatherings, educational functions and spiritual ceremonies, home hemodialysis room for renal health and three offices for visiting physicians and professionals from the Manitoba Renal Program, the Northern Regional Health Authority, the regional diabetes program, the mental health program and the midwifery program. The nursing station also includes a diagnostic services component consisting of digital radiography and communications, and a phlebotomy laboratory with a connection to the Provincial Data Network (PDN).
- Northern RHA – Moose Lake Provincial Nursing Station and Nurse Residence Accommodation (Mosakahiken Cree Nation) – This project involves the replacement of the nursing station and nurse residence accommodation on the Mosakahiken Cree Nation. The new nursing station will be approximately 7,700 square feet; include three exam rooms and one two-stretcher trauma room, a multipurpose room to accommodate community gatherings, educational functions and spiritual ceremonies, home hemodialysis room for renal health and three offices for visiting physicians and professionals from the Manitoba Renal Program, the Northern Regional Health Authority, the regional diabetes program, the mental health program and the midwifery program. The new nurse residence accommodation will include four housing units at approximately 1,727 square feet per unit.
- Prairie Mountain Health – Dauphin Regional Health Centre – Upgrade the existing chiller units to meet current environmental regulations.
- Winnipeg Regional Health Authority – Grace General Hospital – Acute Mental Health Unit - This project involves the upgrade and renovation of the fifth floor south bed tower of the hospital to accommodate the relocation of the 20 bed acute in-patient Mental Health Unit from its current location (free standing building east side of campus).
- Winnipeg Regional Health Authority – Misericordia Health Centre – Construction of a new 3,737 square feet Medical Device Reprocessing Department to correct operational and physical deficiencies.
- Winnipeg Regional Health Authority – St. Boniface General Hospital – Renovations to Cardiac Care Unit A5 West to increase access to cardiac specialty procedures and improve cardiac patient flow.
- Winnipeg Regional Health Authority – Seven Oaks General Hospital – Upgrade the existing chiller units to meet current environmental regulations.
- Winnipeg Regional Health Authority – Specialized Services for Children and Youth Consolidation (SSCY) - This project is a 99,000 square foot tenant improvement for the new centre for children with physical challenges and special needs in the historical Christie's Biscuits factory building on Notre Dame Avenue in Winnipeg. Services will include: prosthetics, orthotics, physiotherapy, occupational therapy, assistive technology, outreach therapy, school therapy, augmentative and alternative communication, physician specialty clinics (including juvenile amputee, eating, spine bifida, cerebral palsy, assistive technology, spasticity, neurology, orthopedic, muscular dystrophy), mechanical design and services, x-rays and electronics.

- Winnipeg Regional Health Authority – Diagnostic Imaging Facility – Construction of a new diagnostic centre of excellence at the Health Sciences Centre. The new, seven storey, 91,000 square foot centre will be linked to the Children's Hospital, the Ann Thomas Building and the new Women's Hospital. This will provide additional diagnostic imaging capacity.
- Winnipeg Regional Health Authority – New Women's Hospital at Health Sciences Centre – will be a state-of-the-art facility that will support moms, babies and their families through childbirth as well as serve as a centre of excellence for women's health, offering surgical and consultation services for women of all ages.

Primary Care:

- Prairie Mountain Health – Swan River – Swan Valley Primary Care Centre – Interior renovations to accommodate the existing care centre currently located at different sites in Swan River. This new location will provide space for primary care such as: Wellness (disease detection, physicals, wellness checkups, well baby care, immunizations), Disease management (wound care, removal of stitches, routine IM injections, ostomy checks, ear syringes, tetanus, diabetes care) and including staff space for: dietician, mental health worker, addictions workers, chronic disease educators, etc. There is also space for a medical clinic with 14 exam rooms.

Safety and Security:

- In addition to the major projects completed and initiated, approximately 155 Safety and Security/maintenance projects were approved throughout the province.

2(e) Capital Planning

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	821	11.00	897	(76)	
Other Expenditures	157		205	(48)	
Total Sub-Appropriation	**978**	**11.00**	**1,102**	**(124)**	

Drug Management Policy Unit

The Drug Management Policy Unit (DMPU) was established to provide prospective, integrated and long-term strategic policy and planning capacity on emerging drug management and utilization issues.

The objectives were:

- To provide provincial drug management expertise and strategic policy and planning leadership to facilitate the provision of integrated, coordinated, cost efficient, effective, equitable, and sustainable publicly funded drug benefits across the continuum of care in Manitoba.

The expected and actual results for 2014/15 included:

1. Management of pharmaceutical expenditures to ensure sustainable and equitable publicly-funded drug benefits.
   - Following the Pan-Canadian Competitive Value Price Initiative for Generic Drugs establishing a price point for an additional four of the most common generic drugs at 18% of the equivalent brand name drug in 2013/14. To date 14 common generic drugs have had similar price points established since April 1, 2013.
   - Actual Pharmacare drug costs for 2014/15 were 1.9% higher than 2013/14 actuals and were 7.86% below the 2014/15 budgeted amount.
   - Established a Manitoba Health, Healthy Living and Seniors-CancerCare Manitoba (CCMB) Accountability Working Group—with representatives from CCMB and MHHLS (including staff from Regional Policy and Programs, Regional Finance, and Provincial Drug Programs) which met on a regular basis to discuss Provincial Oncology Drug Programs (PODP) and the Home Care Drug Program (HCD) expenditures to improve forecasting and tracking.
   - In 2014-15, an additional 42 utilization management agreements (UMAs) for brand drugs were completed with product suppliers.

2. Development and implementation of integrated, evidence-based drug use management policies and initiatives to facilitate appropriate utilization for prescription drug benefits and ensure sustainable and equitable publicly funded drug benefits.
   - To facilitate the appropriate prescribing of narcotics, benzodiazepines, and other controlled drug products, the DMPU coordinated an update of the Manitoba IMPRxOVE Program (launched in 2011) to include quality indicators for the prescribing of these medications, based on the recommendations of the Manitoba Monitored Drugs Review Committee.
     - An evaluation of the IMPRxOVE Program was published by the Manitoba Centre for Health Policy in January 2015, demonstrating a positive impact of the program on five of the six primary Quality Indicators (QIs), all of which were related to prescribing of benzodiazepines or anti-insomnia medications.
   - The DMPU continues to support the Manitoba Pediatric Insulin Pump (MPIP) Program for Manitoba youth under the age of 18 years with Type 1 Diabetes. Through a funding agreement, access to insulin pumps is provided by the Winnipeg Regional Health Authority, Child Health Program Diabetes Education Resource for Children and Adolescents. In its first year of operation (2012/2013), the MPIP Program provided 23 pumps; it provided 40 additional pumps in 2014/2015 and offered training sessions for all pump users.

3. Ongoing establishment of forums and opportunities for collaboration among providers, prescribers, patients, F/P/T partners, and industry to advance positive health outcomes.
   - Manitoba is an active participant in the pan-Canadian Pharmaceutical Alliance and worked towards expanding the number of brand name drugs considered as well as working together with other jurisdictions to develop a Pan-Canadian approach to obtain better value for generic drugs. The pan-Canadian approach capitalizes on the combined purchasing power of public drug plans across multiple jurisdictions, and is expected to lead to lower drug costs, increased access to drug treatment options and increased consistency of product listing decisions across participating jurisdictions.
   - The department coordinated the meetings of the Manitoba Monitored Drugs Review Committee, an external, expert drug and therapeutics advisory committee established to help identify patterns or trends surrounding the prescribing, dispensing and use of monitored drugs and make recommendations to the Minister of Health in order to optimize patient care. The Committee includes representatives from the College of Physicians and Surgeons of Manitoba, the College of Pharmacists of Manitoba, the College of Registered Nurses of Manitoba, the Manitoba College of Family Physicians and Doctors Manitoba.

4. Ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans enrolled in the various provincial drug programs.
   - The DMPU continues to execute Pharmacy Agreements with all community pharmacies in Manitoba. This agreement formalizes the existing business relationship between MHHLS and pharmacy owners.
   - Both the Pharmacy Agreement and Pharmacy Claims Audit Policy (which outlines the process for conducting audits) are intended to ensure appropriate accountability for public funds paid to pharmacy owners who provide prescription drugs/products and related pharmaceutical services to Manitobans who are enrolled in the various provincial drug programs.

5. Set out the terms and conditions under which pharmacy owners are granted access to the department's Drug Program Information Network (DPIN).
   - The DMPU sets out the terms and conditions under which pharmacy owners are granted access to the department's DPIN in the Pharmacy Agreements that are executed with all community pharmacies in Manitoba.

2(f) Drug Management Policy Unit

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	590	9.00	831	(241)	
Other Expenditures	1,691		172	1,519	1
External Agencies	410		424	(14)	
Total Sub-Appropriation	**2,691**	**9.00**	**1,427**	**1,264**	

Explanation Number:

1. Primarily due to research expenditures offset by general revenues.

Cadham Provincial Laboratory Services

Cadham Provincial Laboratory (CPL) is Manitoba's public health laboratory and provides specialized laboratory services related to screening for communicable disease control programs, outbreak support for public health and infection control practitioners, newborn screening for metabolic, endocrine and genetic disorders, specialized testing in bacteriology, parasitology and virology, and consultation, education and research related to all of the above.

The objectives were:

- To provide public health laboratory services that contribute to strategic population health improvements.
- Improve disease detection and control with timely and specific distribution of test information to practitioners and stakeholders.
- To work openly with stakeholders to develop productive collaborations in public health practice, education and research.
- To improve laboratory productivity and plan for future technological/scientific needs.

The expected and actual results for 2014/15 included:

1. Increased uptake for recommended screening programs.
   - Requests and testing increased for all blood-borne pathogens and syphilis in 2014, with HIV testing experiencing the greatest increase by greater than 5%.
   - Increased colon cancer screening by greater than 5%, in partnership with CancerCare Manitoba ColonCheck Program.
   - A decrease in the number of births relative to 2013 resulted in fewer newborn screens conducted.

2. Improved response to outbreak investigations, leading to increased detection of preventable disease.
   - Expanded availability of respiratory virus detection assays to provide greater support to Winnipeg Children's Hospital Infection Control initiatives.
   - Conducted retrospective and prospective detection of Enterovirus 68 in Manitoba, which appears to have disappeared by early winter 2014.
   - Improved detection of putative pathogen in respiratory outbreaks by an additional 4%.

3. Population demographic monitoring included in strategic planning.
   - Included fertility rate statistics in planning for expanded newborn screening.
   - Included age demographic calculations in planning for blood-borne disease detection programs (e.g. Hepatitis C Virus).

4. Refinement of public health protocols, plans and disease control strategies.
   - Contributed to the reportable diseases regulation and annual influenza protocol reviews.
   - Participated in the Sexually Transmitted and Blood-borne Infection Strategy, as well as Antibiotic Resistant Organism protocol redevelopment.
   - Extensively assisted in development of Manitoba and National Ebola virus protocols.

5. Productive collaborations on externally-funded research.
   - Sentinel Surveillance for Influenza in the community conducted in partnership with many investigators and community practitioners.

- Sentinel Surveillance sites established and enhanced susceptibility testing conducted to monitor for drug-resistant gonorrhea.
- Productive collaborations with investigators from the following organizations:
  University of Manitoba, Winnipeg Regional Health Authority, CancerCare Manitoba, Winnipeg Children's Hospital, Prairie Mountain Health, Public Health Agency of Canada, National Microbiology Laboratory, Manitoba Justice, Canadian Public Health Laboratory Network, Canadian Integrated Program for Antimicrobial Resistance Surveillance, Diagnostic Services of Manitoba, Circumpolar Health Group, Region 4 Collaborative Group, University of Victoria, University of British Columbia, Ontario Public Health Laboratory, Canadian Pediatric AIDS Research Group, University of Nairobi, University of Antioquia, University of Cauca, British Columbia Centre for Disease Control, University of Calgary.

6. Improved reporting efficiency through refinement of information services delivered through the Public Health Laboratory Information Management System.
   - Planning continues for inclusion of electronic reporting of public health laboratory information into the Panorama public health case management tool. This is anticipated to improve response times to communicable disease control.

2(g) Cadham Provincial Laboratory Services

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	9,004	100.50	8,333	671	
Other Expenditures	7,477		8,612	(1,135)	1
Total Sub-Appropriation	**16,481**		**16,945**	**(464)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Health Workforce Secretariat

Administration

The objectives were:

- Enhanced integration of the four primary areas of the Health Workforce Secretariat, as well as increased coordination of their functions in relation to associated internal and external stakeholders and partners.

The expected and actual results for 2014/15 included:

1. Effective leadership and management of the Health Workforce Secretariat.
   - Health Human Resource Planning, Medical Staff Recruitment and Administration, Contracts and Negotiations and Fee-for-Service/Insured Benefits are functionally aligned through regular leadership team meetings with the Directors of each area together with the Executive Director for the Health Workforce Secretariat.
   - Coordination of the functions of each area has been enhanced through regular engagement with internal and external stakeholders.

2. Functional integration of all areas of the Health Workforce Secretariat, including operational management and oversight of health workforce related activities of the Secretariat's key stakeholders and partners.
   - Functional integration of Health Human Resource Planning, Medical Staff Recruitment and Administration, Contracts and Negotiations and Fee-for-Service/Insured Benefits has resulted in enhanced alignment between the Secretariat and its key stakeholders and partners.

3(a) Administration

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	611	6.80	770	(159)	
Other Expenditures	977		810	167	
Total Sub-Appropriation	**1,588**	**6.80**	**1,580**	**8**	

Contracts and Negotiations

Medical Labour Relations (now called Contracts and Negotiations or C&N) represents the department in negotiating agreements with physicians, oral/dental and maxillofacial surgeons, chiropractors, optometrists, pharmacists, etc., respecting remunerating these professionals in accordance with provincial regulations, policies and agreements. The Branch also provides assistance with respect to negotiation and administration of nursing and other allied health-care provider agreements.

The activities undertaken within C&N include the planning, development and implementation of strategic policies for physician resources, as well as recruitment support and medical and medical-related profession regulation.

The objectives were:

- To develop appropriate funding and remuneration arrangements with medical and medical-related professionals and organizations within the context of an integrated provincial health human resource framework.
- To represent the department in negotiations/arbitration concerning fee-for-service and alternate funded remuneration for medical and medical-related practitioners.
- To administer both fee-for-service and alternate funded agreements/arrangements for these practitioners.
- To work with the Labour Relations Secretariat and the regional health authorities, Diagnostic Services of Manitoba and CancerCare Manitoba, and review, assess and advise on collective bargaining issues relating to the nursing, professional/technical and paramedical, maintenance and trades, and support sectors.
- To provide support for departmental initiatives, including primary care initiatives such as primary care networks, the inter-professional team demonstration initiative and chronic disease management; the Cancer Patient Journey; and other new initiatives and objectives through the review and development of medical and medical-related remuneration arrangements.

The expected and actual results for 2014/15 included:

1. Implement the 2011 Doctors Manitoba Master Agreement, including the new Tripartite Agreement, in support of RHA and other system stakeholders' service delivery.
   - Continued to analyze and work through issues such as the chronic disease management/comprehensive care tariffs, the surgical assist remuneration structure, academic physicians' service and compensation model, and service provision to northern and rural areas, within the context of the Tripartite Agreement and otherwise.

2. Participate, as necessary, in any dispute resolution processes pursuant to the 2011 Master Agreement.
   - Continued to process and work through fee-for-service tariff concerns with Doctors Manitoba so as to resolve disputes without need of the formal process set out in the Master Agreement.

3. Work to develop negotiation position and strategies for renewal of the 2011 Master Agreement.
   - Involved in preparing for and negotiating the renewal of the Master Agreement which expired on March 31, 2015. Specifically, C&N was engaged in the following:
     - Extensive consultations, both internally and with the regional health authorities and various other health system stakeholders, to identify health care system priorities;
     - Drafting and exchange of comprehensive proposal documents with Doctors Manitoba; and
     - Formal negotiations which began in October 2014.

- A renewal Master Agreement was reached with Doctors Manitoba on February 12, 2015. The Agreement is effective from April 1, 2015 until March 31, 2019, inclusive.

4. Work together with Labour Relations Secretariat to develop positions and strategies for negotiations with nurses and professional/technical and support staff to renew their agreements as they expire.
   - Provided direction and input to LRS in their negotiations with the nursing, facility support, community support and maintenance and trades sectors. The following agreements were settled in 2014/15:
     - Facility Support employees represented by the Manitoba Government and General Employees' Union (MGEU) ratified a five-year agreement, effective April 1, 2012 to March 31, 2017. Their agreement was reached at a multi-union table.
     - Nurses and Nurse Practitioners represented by the Manitoba Nurses' Union (MNU) ratified a four-year agreement, effective April 1, 2013 to March 31, 2017.
   - Engaged in negotiations with:
     - The Professional Association of Residents and Interns of Manitoba (PARIM) to renew the PARIM collective agreement. A renewal agreement was reached with PARIM and is effective from July 1, 2014 to June 30, 2018.
     - The Manitoba Chiropractors' Association (MCA) to renew their agreement. A renewal agreement was reached with the MCA and is effective from April 1, 2015 to March 31, 2020.
     - The Community Labs (Unicity Laboratory Services Partnership, Gamma-Dynacare Central Medical Laboratory Partnership and Lakewood Laboratory Corporation) to renew their agreement. A renewal agreement was reached and is effective from April 1, 2014 to March 31, 2017.
     - The Physicians and Clinical Assistants of Manitoba (PCAM), the recently certified bargaining agent for most physician and clinical assistants who work in the province, regarding negotiation of a first collective agreement.

5. Continued development and refinement of remuneration options for the existing and emerging healthcare delivery system.
   - Continued to review the compensation models for physician and clinical assistants in the province, to assist with the development and negotiation of the employers' bargaining position with respect to first agreement negotiations with PCAM.
   - Conducted an intensive review of appropriate compensation models for various physician groups, both in the context of negotiations with Doctors Manitoba regarding renewal of the physician Master Agreement, and otherwise.
   - Continued to participate in discussions regarding the development of remuneration options and structures for the Primary Care Network (PCN) and Inter-Professional Team Demonstration Initiatives.

3(b) Contracts and Negotiations

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	832	12.00	871	(39)	
Other Expenditures	296		366	(70)	
Total Sub-Appropriation	**1,128**	**12.00**	**1,237**	**(109)**	

Health Human Resource Planning

Health Workforce Strategies (now called Health Human Resource Planning or HHRP) branch works in partnership with regional health authorities (RHAs), regulatory and professional bodies, the education sector, and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

The objectives were:

- To provide policy direction and departmental leadership in the development of health human resource policy, planning and monitoring. This includes supply, utilization, legislation and adjustment strategies for all healthcare providers to support the delivery of healthcare in Manitoba.
- To provide policy advice, at the provincial level, on funding and compensation mechanisms, policies, innovations, concept models, and related structures to facilitate optimum delivery of services by health providers in a cost-effective and efficient manner. The position will be required to facilitate the continued evolution of a patient-centred health system based on the principles of quality, innovation, safety and learning.

The expected and actual results for 2014/15 included:

1. Sustain a continued intake of health professionals into all current education programs.
   - Health Workforce Secretariat continues to work with key stakeholders, including Manitoba Education and Advanced Learning, to monitor the education and training program needs for health professionals in the province, including student enrolments in the current education programs. In addition, discussions will continue regarding various educational initiatives and recommendations related to the education programs, including attracting students to health care professions within Manitoba as well as accessibility to training programs.

2. Increase the number of health professionals working in Manitoba.
   - Between 2013 and 2014, the change in the number of selected health professionals registered to practice in Manitoba are as follows:
     - Specialist physician count increased by 63 from 1,282 to 1,345.
     - General practitioner count increased by 20 from 1,317 to 1,337.
     - Registered Nurse (RN) count increased by 22 from 13,488 to 13,510.
     - Nurse Practitioner (NP) count increased by 18 from 131 to 149.
     - Registered Psychiatric Nurse (RPN) count increased by 16 from 967 to 983.
     - Licensed Practical Nurse (LPN) count decreased by 45 from 3,209 to 3,164.

3. Sustain regional health authority attendance at health professional recruitment events.
   - The HWS is committed to sustaining RHA attendance at health professional recruitment events locally, nationally and internationally.
     - The HWS supported 15 nursing recruitment events in fiscal 2014/15.
     - The HWS supported 8 medical recruitment events in fiscal 2014/15.
   - In support of ongoing provincial nursing recruitment, the Nursing Recruitment and Retention Fund (NRRF) supported regional recruiter attendance at several nursing career fairs in 2014-15 resulting in increased awareness of nursing employment opportunities and actual new employees to several regions.

4. Improve health system input into the decision making process of determining the allocation of education seats for health professionals.
   - Specific to residency physicians, MHHLS has had direct participation with the College of Medicine in the allocation of first year residency positions.
   - The Health Human Resource Planning (HHRP) unit worked with Education and Advanced Learning to address needs with respect to ultrasound technicians and echocardiography technicians.
   - HHRP also engaged with Red River College, Assiniboine College, the Colleges of Registered Nursing and Licensed Practical Nursing to investigate opportunities to establish expanded bridge training for Internationally Educated Nurses. While bridging is not an educational opportunity, but a training one, increase in these training programs will influence education seat needs into the future.

5. Implement a new health workforce website.
   - The HWS has engaged a consultant to perform the necessary developmental work with respect to the redesign of the health workforce website (http://www.healthcareersmanitoba.ca/).

6. Inform system stakeholders of the impact of current department objectives on the health human resources of the current system.

- The Health Human Resource Planning branch performed initial consultations with educational institutions, regulators, RHAs and government departments to inform and assess the current demands on the supply of health professionals resulting from implementing Department objects such as the Family Doctor for All initiative, the Cancer Patient Journey and other new initiatives.

7. Increase the production of diagnostic imaging health professionals from the Red River College program.
   - The ultrasound training program was transferred from Health Science Centre (HSC) to Red River College (RRC) in 2014. HSC and RRC implemented program timing to ensure the program graduates students every year. The intake will increase from 13 to 16 students for the fall 2015 intake. These changes should ensure sufficient number of graduates to address the current shortage of ultrasound technologists in the province.

3(c) Health Human Resource Planning

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	632	10.00	754	(122)	
Other Expenditures	45		115	(70)	
External Agencies	181		223	(42)	
Total Sub-Appropriation	**858**	**10.00**	**1,092**	**(234)**	

Fee-For-Service/Insured Benefits

Insured Benefits (now called Fee-for-Service/Insured Benefits) is comprised of Administration, Registration and Client Services, Medical and Hospital Programs, Medical Consultancy, Audit and Investigation and Review Committees.

The objectives were:

- To manage primary administrative aspects of the fee-for-service (FFS) remuneration system, including negotiation of and amendments to the Manitoba Physicians' Manual.
- To administer most aspects of the insured health services and benefits program, including the registration of Manitoba residents for provincial health plan coverage, FFS claims processing, inter-provincial reciprocal billing agreements, hospital abstracts, out-of-province claims, out-of-province transportation subsidies, practitioner registry, audit and investigation of fee-for-service billings and third party liability recoveries for insured services.

The expected and actual results for 2014/15 included:

1. A sustainable Insured Benefits program in Manitoba in accordance with legislative requirements.

Registration/Client Services

- Visits to the Client Services counter decreased from 52,822 in 2013/14 to 43,364 in 2014/15. Client Services handled 184,093 telephone enquiries.
- Issued 269,067 Manitoba Health Registration Certificates and processed 213,109 address changes.
- 43,032 net new Personal Health Identification Numbers (PHIN) were issued in Manitoba with 16,328 new certificates issued to 18-yr-olds receiving their own individual registration numbers for the first time as adults, in addition to 106,024 status changes (e.g. births, deaths, marriages and separations).
- Customers who visited the MHHLS website opted to use an "online form" in 5,555 instances to submit their request for a change to their Manitoba Health registration certificate.

Medical Claims

- Received and adjudicated claims for 25.3 million medical services, 538,128 optometric services, 941,088 chiropractic services and 6,397 oral surgery services.
- Processed claims for 273,430 services provided by Manitoba physicians to residents of other provinces for recovery of payments through the Inter-Provincial Reciprocal Agreement.

Out-of-Province Claims

- Adjudicated 1,012 requests from Manitoba specialists on behalf of their patients for coverage of services outside of Manitoba.
- Provided $1.1 million in travel subsidies to 479 patients for 55 international (USA) and 621 domestic trips.
- Adjudicated 9,341 physician claims, 3,272 outpatient visits and 2,468 inpatient days for emergency care outside of Canada.
- Paid $12.3 million to other provinces and territories in accordance with the Interprovincial Reciprocal Billing Agreement for physician's fees (excluding Quebec physicians) and $41.2 million for hospital services on behalf of Manitoba residents who received care elsewhere in Canada.
- Recoveries received by MHHLS as a result of reciprocal billings to other provinces and territories for care provided to their residents totalled $16.9 million for physicians fees (excluding Quebec physicians) and $58.5 million for hospital services.
- Represented MHHLS in 9 hearings of the Manitoba Health Appeal Board.

2. Customer-focused service for health care providers and patients who are informed of, and receive, payments for insured benefits to which they are entitled under the provincial health plan.
   - Manitoba Health Registration Certificates were issued, on average, within 7 business days of the receipt of the application.
   - Registration/Client Services achieved a time frame of 10 minutes on average in assisting clients in person and a time frame of 2 minutes for clients visiting the express service counter for simple address changes and replacement of Manitoba Health Registration Certificates.
   - Staff participated in the development and testing of a new claims processing system with the use of innovative technology to modernize claims processing and improve system efficiencies.

3(d) Fee-for-Service / Insured Benefits

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	5,748	105.50	5,425	323	
Other Expenditures	1,345		1,771	(426)	1
Total Sub-Appropriation	**7,093**	**105.50**	**7,196**	**(103)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Public Health and Primary Health Care

Public Health and Primary Health Care (PHPHC) focused on a number of key planning and policy areas throughout the year, including primary care renewal, Aboriginal health, chronic disease management, wait times reduction, public health including public health inspections services. PHPHC continues to provide direct service through the provincial nursing stations.

PHPHC also supports Cross-Department Coordination Initiatives (CDCI) and Manitoba Family Services (MFS). The primary focus of CDCI has been the development of housing with supports innovations for the seniors population, individuals with mental health issues and individuals who are homeless or at risk of being homeless, through a series of government strategies and initiatives. CDCI has also focused on applying research and learnings from current strategies to individuals with complex care needs, such as frequent users of emergency services.

Administration

The objectives were:

- Build capacity in the public health and primary care systems to:
  - Effect evidence-informed, innovative and sustainable system advancements

- Improve access to efficient, quality, patient-centered service
- Reduce health disparities and support Manitobans to maintain or improve their health status
- Improve access to coordinated health and social supports for the most vulnerable populations: young families, seniors, individuals with mental health issues, individuals who are homeless or at risk of homelessness, and individuals who are frequent users of acute health services
- Represent the government of Manitoba on federal, inter-provincial, inter-jurisdictional health issues

The expected and actual results for 2014/15 included:
Development, implementation and evaluation of policies, strategies, programs and services for Manitobans that address:

1. Public health
   - Provided leadership and support to promote integrated and comprehensive public health policies, programs and services throughout Manitoba. Disease prevention and control, health promotion, surveillance, health protection and response to public health issues and emergencies were focus areas of public health planning and coordination. Led the development of a provincial response plan for potential Ebola Virus Disease importation that involved collaboration with regional health authorities and other provincial stakeholders. Collaboration with federal and provincial counterparts to ensure a national, coordinated plan and response.

2. Aboriginal health
   - Strengthened relationships with key First Nations and Métis governing organizations to leverage opportunities to work collaboratively on issues that impact health outcomes for First Nations and Métis peoples.
   - Promoted strategic alliances with federal counterparts to discuss collaboration on program and service planning that would improve Aboriginal health outcomes in northern and remote communities.
   - Increased understanding on issues that impact Aboriginal Health, in particular the social determinants of health, jurisdictional ambiguities, and the importance of cultural competency and safety within the indigenous context.

3. Primary care
   - Provided leadership and support for the participation and collaboration of partners and stakeholders in planning to improve access to and quality of primary health care for Manitobans, including development of Quick Care clinics, primary care mobile clinics, Advanced Access program, and My Health Teams (physician integrated networks), and further enhancements to the Family Doctor Finder program including an online registration form.

4. Maternal and child health care
   - Implemented and evaluated maternal and child health policies and strategies to enhance and improved access to high quality, coordinated and cost effective care.

5. Care provision at provincial nursing stations
   - Supported continued enhancements to capital, health human resources planning and improved service delivery at the three provincial nursing stations. Strengthened community engagement and ongoing dialogue regarding health and health care with the three communities in collaboration with the Northern Regional Health Authority.

6. Services for under-served communities and most-vulnerable populations
   - Provided leadership and support for stakeholder engagement, policy and program development in the areas of indigenous health, primary care, maternal and child health, and public health focused on improving the health outcomes for vulnerable populations in Manitoba.

7. Access to efficient and quality chronic disease care
   - Provided leadership and strategic direction on policies and strategies for health promotion and chronic disease prevention and management.

4(a) Administration

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	206	3.45	280	(74)	
Other Expenditures	295		323	(28)	
Total Sub-Appropriation	**501**	**3.45**	**603**	**(102)**	

Public Health

Public Health in Manitoba aims to provide leadership and coordination for an integrated and strategic approach to public health programs and services at the regional and provincial levels. The core functions of public health are population health assessment, health surveillance, disease and injury prevention, health promotion and protection. The efforts of the Public Health Branch aim to assist government, RHAs, the community and health professionals in the planning and effective response to public health issues and emergencies. The Public Health Branch works collaboratively with the Office of the Chief Provincial Public Health Officer (CPPHO) and Cadham Provincial Laboratory Services, other departments, offices and key stakeholders throughout the province.

The objectives were:

- To monitor and report on the health status of Manitobans.
- To advocate for the improvement of the health status of Manitobans and to reduce health disparities.
- To provide provincial leadership, strategic direction, and coordination within the scope of public health including, but not limited to, population health and health equity, communicable disease, infection prevention and control, environmental health, injury prevention, health promotion, and public health practice and programs.
- To provide public health intelligence (collection, analysis, and interpretation of data; review of research and information) to guide the department, other departments, regional health authorities, and health organizations in the planning, development, and evaluation of public health policies, programs, and strategies.
- To detect, assess, and address public health risks and emerging public health issues.
- To lead and coordinate responses to public health emergencies

The expected and actual results for 2014/15 included:

1. Consistency of regulations under *The Public Health Act* with public health best practice, national standards and program needs.
    - Changes to the list of diseases reportable to the department under the Reporting of Diseases and Conditions Regulation of *The Public Health Act* (Schedule B) took effect January 1, 2015. This amended list of diseases reflects additions of some emerging diseases and the deletion of some diseases that did not require public health action.
    - In process of reviewing the Food and Food Handling Regulation to ensure it is current and up to date with best practices and national standards.
    - In process of reviewing the Recreational Camps Regulation.
    - In process of reviewing Swimming Pool and other Water Recreational Facilities Regulation.
    - In process of developing a draft personal services regulation.

2. Identification and management of communicable diseases, environmentally-mediated diseases, public health practice and programs, and infection prevention and control using evidence-informed policies, protocols, standards, and guidelines.
    - Developed a provincial framework that outlines the roles and responsibilities for notification of boil water advisories in Manitoba.
    - Working directly with regional health authorities to develop guidance documents for public health inspectors when responding to asbestos in residential settings.
    - Implemented a new Rabies Management program using a One Health approach in collaboration with Manitoba Agriculture, Food and Rural Development and Conservation and Water Stewardship. This program replaces services previously provided by the federal government relating to collection and submission for testing of rabies suspect animal samples.

3. Provision of provincial strategic direction on enhanced STBBIs prevention, treatment and surveillance working with Healthy Living and Seniors, regional health authorities, and other stakeholders.
   - Launched and made publicly available the Manitoba Sexually Transmitted and Blood-Borne Infections Strategy 2015-2019.

4. Planned schedule for the implementation of new vaccines licensed in Canada.
   - Introduced the rotavirus vaccine to the routine childhood immunization schedule at two (2) and four (4) months of age for those born on or after March 1, 2014 (effective April 1, 2014).
   - Expanded to a two (2) dose varicella program to be given a four (4) to six (6) years of age (second dose) to those born on or after January 1, 2008 using combined measles mumps rubella vaccine.
   - The 2014/15 universal influenza program provided two new products: Fluzone and Flumist Quadrivalent.

5. Coordinated inter-sectoral response to public health emergencies.
   - Lead a Provincial preparedness response to the potential importation of Ebola virus disease (EVD) to Manitoba.

6. Enhancements to the Food Safety Program and the Public Health Inspection Program.
   - Nineteen (19) recommendations were made in the audit of the provincial food safety inspection system conducted by the Office of the Auditor General of Manitoba. Sixteen (16) recommendations have been implemented and significant process has been made on three (3) of the recommendations.
   - Completed minor amendments to the Swimming Pool and other Water Recreational Facilities Regulation and Food and Food Handling Regulation to better reflect current practices.
   - Developed guidelines for operators of specific types of water recreation facilities to support regulatory amendments.

7. Improved coordination of service delivery for public health inspection services. Develop and implementation of rabies related services under the Manitoba One World One Health Framework.
   - Developed various guidelines, standards and protocols to better guide public health inspector practice.

8. Completion of first draft of the 2015 Health Status of Manitobans report.
   - First draft of several individual sections of the report were completed with the final report to be available by early 2016. Consultation with many key stakeholders and partners has been conducted.

9. The Provincial Public Health Strategy Plan is completed.
   - Consultations with regional health authority public health, government departments and other key stakeholders have been conducted with anticipated completion of the first draft by the Fall of 2015.

10. Panorama training and pilots related to immunization and inventory modules is implemented in Phase 2 of Panorama in Manitoba.
    Panorama Pilot – Immunization
    - From November 2014 to February 2015, four (4) pilot sites were implemented to validate that the processes, documentation and training design were adequate for deployment of the immunization module. Four (4) pilot sites included WRHA (River East), Southern Health (Altona), Northern RHA (Thompson) and a First Nation Community (Fisher River Cree Nation).

    Panorama Deployment Immunization
    - Public Health Managers, Panorama Trainers, Project Coordinators and Panorama Project Technical Team staff created deployment plans for each RHA. Training and deployment will be completed by July 2015 so that the Public Health offices are ready to use Panorama for the 2015/16 influenza immunization program.

Panorama Pilot and Deployment – Inventory

- The Provincial Vaccine Warehouse at the Materials Distribution Agency (MDA) deployed Panorama in late December 2014. The Provincial Vaccine Warehouse staff switched from Great Plains, MDA's software, to Panorama to process all vaccine orders.
- The Inventory Management functionality provides reports to MHHLS of vaccine distribution of order and shipped dose throughout Manitoba.
- In this year, MDA processed approximately 7,446 vaccine orders for 1,000 users.

11. Enhancement of existing tools and protocols (ex: notifiable disease reporting forms, databases, dissemination tools) to collect and analyze surveillance information that informs and supports public health service providers, planners, and policy makers.
    - The implementation of enhanced surveillance for antimicrobial resistant gonorrhea (AMR-GC), with partners at Cadham Provincial Laboratory, National Microbiology Laboratory, and the Public Health Agency of Canada. Several sentinel clinic sites have been engaged and enables the province to more actively monitor the province for AMR-GC as well as collection of associated risk factors by use of enhanced surveillance form. This new program also contributes to the national-level Enhanced Surveillance of AMR-GC.
    - Over the past year the Surveillance Unit made various improvements to surveillance systems processes and databases to reflect changes in the Reportable Diseases List, updated referral processes, as well as enhancements required by CDC program-areas.
    - The Surveillance Unit also is involved in informing the planning and development process for the Investigations and Outbreak Management (IOM) module for Panorama, as the future communicable disease surveillance information system for the province.
    - Completed or revised protocols for:
        - Gonorrhea
        - Legionellosis
        - Ebola Virus Disease (EVD) Protocol
        - EVD Infection Prevention and Control (IPC) Guidelines
        - EVD Contact Management Guidelines
        - EVD Environmental Cleaning/Disinfection Guidelines for Community Settings
        - EVD Emergency Medical Services and Transportation IPC Guidelines
        - Hepatitis C
        - Pediculosis Capitis (Head Lice)
        - Syphilis
        - Varicella (Chickenpox)
        - Herpes Zoster (Shingles)
        - Rabies: Protocol for Management of Human Rabies and Management of Animal Exposures to Prevent Human Rabies

12. Development, testing and validation of scientific methodologies that improve epidemiology and surveillance systems in Manitoba.
    - Epidemiology and Surveillance continues to refine the use of PHIDO (Public Health Intelligence for Disease Outbreaks) to detect changes in communicable disease burden. PHIDO provides textual report for alerting outbreak as well as the graphical presentation for observed disease counts and expected trend over time. This application also offers flexibility for setting alert threshold and user interface which is continuously reviewed. PHIDO is used in the production of the bi-weekly Epi Report to assist policy makers, planners and service delivery. There is a continued increase in the automation in the production of all reports in order to improve efficiencies and reduce error.

13. Development of effective structures, processes and indicators to address and track methods to reduce inequalities and inequities of health within the department and across government departments.
    - Epidemiology and Surveillance produced a wide range of reports for program planning and monitoring. Many of these reports clearly identified health disparities by region and as such were useful as consistent tracking mechanisms.

14. Collaborative work on appropriate applied research projects.
    - Epidemiology and Surveillance collaborated with external stakeholders, such as the Vaccine and Drug Evaluation Centre, the National Microbiology Laboratory, the University of Manitoba, Assembly of Manitoba Chiefs, the Public Health Agency of Canada and the Bruyere Institute.

15. Collaborative work on multi-jurisdictional public health initiatives.
    - Ebola virus disease response, in coordination/collaboration with the Public Health Agency of Canada and other provinces and territories.

4(b) Public Health

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	12,408	121.15	13,280	(872)	
Other Expenditures	4,759		5,453	(694)	1
Vaccines	17,178		15,343	1,835	2
External Agencies	-		12	(12)	
Total Sub-Appropriation	**34,345**	**121.15**	**34,088**	**257**	

Explanation Number:

1. Primarily due to under-expenditures in the West Nile Virus Program.

2. Primarily due to volume increase.

Federal/Provincial Policy Support

The objectives were:

- To support and assist the Premier by providing briefing material on health-related items for the Council of the Federation and the Council of Western Premiers.
- To support and assist the Minister of Health, Minister of Healthy Living and Seniors, and the Deputy Minister of Health, Healthy Living and Seniors with all Federal/Provincial/Territorial (FPT), Provincial/Territorial (PT), Western Ministers meetings and federal/provincial files.
- To provide leadership, advice and support to the Deputy Minister of Health, Healthy Living and Seniors and the department on federal, inter-provincial, inter-jurisdictional and other issues

The expected and actual results for 2014/15 included:

1. Policy, organizational and analytic support to the premier, minister and deputy minister, as well as the department on all FPT and PT health issues is provided.
    - The Federal-Provincial Policy Support Unit provided policy and analytical support in the organization of materials for the summer and winter meetings of the Council of the Federation (COF), for the annual Health Ministers Meetings (HMM) in fall of 2014, and also for the Council of Deputy Minister Meeting (CDM) held in winter of 2014. The Unit supported the Council of Deputy Minister teleconferences throughout 2014-2015 and participated in all meetings and teleconferences related to FPT and PT health work. In addition, the Unit ensured department staff were supported when preparing materials or requiring information on all FPT and PT health issues.

2. The Minister of Health and the Minister of Healthy Living and Seniors are prepared for and supported at the HMM and Western Ministers conferences.
    - The Federal-Provincial Policy Support Unit prepared for and supported the Minister of Health at the HMM in the fall of 2014 as well as the Minister of Healthy Living and Seniors at the FPT Ministers meeting on Seniors in the fall of 2014. Western Ministers did not meet in 2014-2015.

3. Deputy Minister of Health, Healthy Living and Seniors is prepared for and supported at the CDM and Western Deputy Ministers Meetings.
    - The Deputy Minister of Health, Healthy Living and Seniors was prepared for and supported at both the CDM and Western Deputy Ministers Meetings in December of 2014.

4. HCIWG team-based models report is prepared for review by Premiers by Summer 2014.
   - At the Summer COF meeting in 2014, Premiers reviewed and accepted the Scopes of Practice Working Group Report, prepared by New Brunswick and Manitoba as co-leads of the Team Based Models work.

5. Recommendations and an action plan are provided for Committee on Health Workforce (CHW) to ensure better coordination of medical school planning and workforce needs by Spring 2014. This work will be done in conjunction with the Deans of Faculties of Medicine.
   - The Physician Resource Planning Task Force under CHW completed their supply side tool while working with the Deans of Faculties of Medicine that launched the Future MD Canada web tool for prospective medical students in February 2015.

6. CIHI and PTs move forward on the implementation of the Canadian Multiple Sclerosis Monitoring System through 2014.
   - The Canadian Institute for Health Information (CIHI) has completed the First Phase of the development of the Canadian MS Monitoring System (CMSMS). The Phase 2 Feasibility Pilot ran until March 2015. Currently, the CMSMS is receiving data from MS clinics in three jurisdictions (Alberta, Saskatchewan and Manitoba).

7. Manitoba co-leads with British Columbia and New Brunswick the development of a pan-Canadian approach to food labeling in restaurants.
   - British Columbia resumed lead for the Informed Dining Program which was announced in Manitoba in September of 2013.

8. Manitoba works with PTs to support federal enhancements of the Nutrition North program.
   - Manitoba continues to maintain contact with other PTs on northern food issues and has continued discussions with federal and provincial officials on implementation issues as the program is reviewed over the next 2 years.

9. Manitoba hosts a meeting of industry leaders with Ontario on mental health in the workplace in 2014.
   - The *Leadership in Workplace Mental Health* forum, co-hosted by the Premier of Ontario and Manitoba's Minister of Health (on behalf of the Premier of Manitoba), was held on April 3, 2014, in Toronto. The half day forum was envisioned as a platform to build on the 2012 Mental Health Summit in Winnipeg, to reinforce the Premier of Manitoba's commitment to mental health promotion and mental illness prevention, and to engage business leaders.

4(c) Federal / Provincial Policy Support

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	548	6.00	486	62	
Other Expenditures	39		41	(2)	
Total Sub-Appropriation	**587**	**6.00**	**527**	**60**	

Aboriginal and Northern Health Office

The Aboriginal and Northern Health Office (ANHO) promotes the consideration of the unique service needs of Aboriginal and northern populations and supports relationship building during the policy and planning stages of the provincial health system. ANHO has responsibility for First Nations, Métis, and Inuit (FNMI) Health; northern health; and provincial nursing stations (PNS).

The objectives were:

- To provide timely, evidence-based policy and planning advice that advances the goals and objectives of the department focused on Aboriginal and northern health service delivery.
- To engage, facilitate, or lead strategic relationships and partnerships that address key challenges, barriers, and impediments for Aboriginal and northern health and well-being.
- To provide management leadership for the effective and efficient operations of Provincial Nursing Stations (PNS).

The expected and actual results for 2014/15 included:

1. Development of policies, structures and processes that support coordinated provincial aboriginal and northern health planning.
   - ANHO continues to work with First Nations, Métis and Inuit (FNMI) stakeholders, and other provincial and federal departments to address challenges confronting Indigenous health.
   - ANHO continues to represent the Department at the Intergovernmental Committee on Manitoba First Nations Health & Social Development (ICMFNHSD), the only tripartite table that addresses First Nations health and well-being.
   - Identified gaps in implementing appropriate consultation for policy, program or service delivery planning (example: Neewin, Garden Hill/Northern Medical Unit (NMU) admin transfer).
   - Identified cultural sensitivities in policy and planning discussions and provided advice and options to ameliorate risk (Ebola Communications table, Winnipeg Regional Health Authority (WRHA) cultural competency initiatives).
   - Development of an outline for cultural competency development.
   - Review and input into short-term initiatives and policy advice for hospitality grant requests for conferences, media inquiries, Ministerial questions, Spiritual Health Care planning day, and smudging in public buildings.

2. A repository of aboriginal and northern information will exist that increases the knowledge and cultural competencies for all relevant stakeholders: the Manitoba Métis Federation (MMF), the Assembly of Manitoba Chiefs (AMC), and the Manitoba Urban Inuit Association (MUIA).
   - ANHO continues to collaborate with the Manitoba Métis Federation Health and Wellness Department (MMF-HWD) and successfully secured a one-year extension of funding in 2014/15.
   - ANHO has enhanced the understanding in the department of jurisdictional and policy challenges to improving health and wellbeing for Aboriginal communities through a series of internal presentations and discussions including two presentations to Aboriginal Issues Committee of Cabinet (AICC) and several briefings to Ministers and Deputy Ministers, Ebola Virus Disease Committee, Island Lake Renal and Primary Care services, and physician services in the north.
   - Held discussions with external rights-holders and stakeholders such as the Manitoba Inuit Association (MIA), Northern Medical Unit (NMU), Neewin Incorporation, Four Arrows Regional Health Authority (FARHA) and Oyate Winwanyang Wacipi, to increase knowledge and understanding of roles and mandates of our respective organizations, and exchange information, awareness and options to address respective matters of concern or importance.
   - Held discussions with internal Government of Manitoba stakeholders, Capital Planning Branch, Diagnostic Services, Primary Care, Public Health, Workforce Secretariat and Health Living on barriers and challenges posed by Indigenous communities, particularly jurisdiction, consultation and cultural sensitivity.
   - Provided presentations to Manitoba Health Healthy Living and Seniors (MHHLS) during Department Renewal Committee (DRC) week on barriers and challenges posed by Indigenous communities.
   - Training and workshops attended to inform policy and planning advice, increase awareness of subject matter and themes, and build networks (British Columbia (BC) Indigenous Training Online, Winnipeg Regional Health Authority (WRHA) cultural training and Grand Rounds on traditional healing, Organizational Staff Development (OSD) on Aboriginal Consultation, The International Network in Indigenous Health Knowledge and Development (INIHKD) in partnership with Manitoba Network Environment for Aboriginal Health Research (NEAHR) conference, and the Manitoba Centre for Health Policy (MCHP) conference.

3. The provision and delivery of health services within Provincial Nursing Stations.
   - An inclusive community engagement strategy which included Manitoba Health, Healthy Living and Seniors, Northern Health Region and stakeholders was undertaken in 2014-15 and will continue in 2015-2016.
   - A Clinical Services Review was conducted and completed in early 2015.
   - Recruitment of nursing and allied health staff.
   - Moving forward with the administrative transfer of the nursing stations' operations and management to the Northern Health Region. Manitoba Health, Healthy Living and Seniors in collaboration with Northern Health Region continue to steer this work.

4(d) Aboriginal and Northern Health Office

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	3,016	34.00	3,238	(222)	
Other Expenditures	3,922		3,012	910	1
External Agencies	724		724	-	
Total Sub-Appropriation	**7,662**	**34.00**	**6,974**	**688**	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditures.

Primary Health Care

The objectives were:

- Lead the department-wide implementation of the plan to provide all Manitobans access to a family doctor.
- Implement and evaluate policies and strategies to enhance the primary care system to better meet patient and population needs in Manitoba.
- Coordinate integrated planning across department, providers, regional health authorities (RHAs), other government departments and/or organizations.
- Implement and evaluate maternal and child health (including midwifery programs and services) policies and strategies to enhance and improve access to high quality, coordinated and cost effective care.

The expected and actual results for 2014/15 included:

1. Development of policies, initiatives, standards and tools that support provincial direction on primary care.
    - Distributed the *Interprofessional Team Development in Fee-for-Service Clinics Toolkit* to partners to support the Interprofessional Team Demonstration Initiative (ITDI) implementation and operations.
    - Updated the *Manitoba Primary Care Quality Indicators Guide* to reflect recent changes to clinic guidelines and posted online.
    - Developed an online registration form for Family Doctor Finder (formerly known as Family Doctor Connection Program), providing an additional, convenient alternative to telephone registration for those seeking a family provider.
    - Supported the development of consistent and comprehensive My Health Team service plans with new service design and planning processes. Implemented new processes to measure net change in attachment as part of the year one service priority. Identified access and complex patient standards for year two.
    - Supported information sharing, education and outreach to the public, providers and other applicable stakeholders with a comprehensive communication and engagement strategy.

2. Planning, implementation, operationalization and evaluation of additional QuickCare clinics, Mobile Clinics, Access Centres and primary health care centres, and My Health Teams (MyHTs) across Manitoba.
    - Finalized service plans, hired interprofessional team members, and started operations in MyHTs in Brandon and Steinbach.
    - Opened Manitoba's fifth QuickCare clinic. Over 100,000 patients received access to episodic primary care since the clinics opened. Staff and patients are very positive about the nurse-led model of care.
    - Started operations for two mobile clinics serving some smaller, more isolated communities in Southern Health-Santé Sud and Prairie Mountain Health that traditionally had limited access to full service primary care. Conducted a small patient survey that demonstrated a positive public response to the service and quality of care received.
    - Initiated planning for the MyHT process evaluation and a provincial primary care patient experience survey.

3. Attachment of patients to a family doctor or nurse practitioner through the Family Doctor Finder (formerly Family Doctor Connection Program) supported by a central information system and province-wide processes, and through implementation of ITDI initiative.
   - As of March 31, 2015, matched 95 per cent of all registrants without a provider (25,676 people) since the Family Doctor Finder program began.
   - Made improvement modifications to the information system and measurements to streamline program operations, through ongoing collaboration with primary care connectors who support the program in the RHAs.
   - Allocated 45 new health professional positions to work with RHAs and fee-for-service physicians to support attachment and filled twelve positions to date.

4. Implementation of the Advanced Access (AA) program throughout additional primary care office practices in Manitoba.
   - Provided training on AA principles, measurements and processes to 13 new clinics, RHA community health clinics and programs, and MyHTs, bringing the provincial total to 93 trained primary care sites.

5. Refinement and expansion of primary care policies and initiatives with partners. (Ex: PIN, chronic disease screening, and service coordination).
   - Completed the Physician Integrated Network patient enrolment pilot project and related evaluation activities. Used findings to inform potential enrolment policy, process, guidelines, and communications for a province-wide implementation.
   - Developed a target state for primary health care for the next five years with stakeholders including RHAs, fee-for-service physicians, and community organizations.
   - Implemented primary care capacity planning with rural and northern RHAs to understand the current state of primary care, identify priority actions to address gaps, and plan for future needs. Aligned regional needs with provincial direction, and enabled better analysis of root issues causing gaps in primary care capacity.

6. Increased access to self management support programs.
   - Developed a Consumer Health Strategy in partnership with Manitoba eHealth and Canada Health Infoway, which is expected to inform future planning for an 811 service, online health portal, and other consumer health solutions.

7. Establishment of reporting on progress of primary care initiatives.
   - Established processes for measuring and reporting on progress towards family doctor plan attachment goals in collaboration with other branches, RHAs, and fee-for- service physicians.

8. Development of policies, initiatives, standards and tools that support access to high quality, coordinated and cost effective maternal and child health care (including midwifery programs and services) and establishment of data collection and surveillance process for midwifery programs and services.
   - Converted the Midwifery Discharge Summary Form into an electronic format and implemented in April 2014.
   - Provided the RHAs with quarterly reports of data extracted from the electronic form.

4(e) Primary Health Care

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,248	15.00	1,231	17	
Other Expenditures	3,434		3,910	(476)	
External Agencies	204		204	-	
Total Sub-Appropriation	**4,886**	**15.00**	**5,345**	**(459)**	

Regional Policy and Programs

Administration

The objectives were:

- To provide strategic leadership to advance and support the objectives and priorities of Manitoba Health, Healthy Living and Seniors focusing on:
  - Acute, Tertiary, and Specialty Care
  - Cancer and Diagnostic Care
  - Continuing Care
  - Disaster Management Services
  - Emergency Medical Services
  - Office of the Chief Provincial Psychiatrist
- To facilitate integrated health services delivery for Manitobans by liaising with program leadership in other divisions of Manitoba Health, Healthy Living and Seniors and with other government departments, notably including:
  - Mental Health and Spiritual Health Care
  - Primary Health Care
  - Seniors and Healthy Aging Secretariat
- To provide support to the Minister of Health and the health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba), through ongoing policy direction and recommendations in planning, implementing, monitoring and evaluating health services for Manitobans.

The expected and actual results for 2013/14 included:

1. The department strategic objectives and priorities are advanced with respect to acute, tertiary and specialty services, diagnostic and cancer care, continuing care, and emergency medical services and in an integrated manner that benefits Manitobans.
   - Worked with regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba to provide information to support decision-making on a range of strategic and issue-based matters, designed to improve service delivery.
   - Supported the leadership of Councils to coordinate provincial efforts in the areas of Quality and Patient Safety, Continuing Care, and Acute and Specialty Care.
   - Focused planning and implementation efforts on improving access to care and reducing waits for health services, supporting system enhancements in continuing care services, and making improvements in the journey from suspicion to treatment for cancer patients.

2. Current and future health services are operated in compliance with legislative and regulatory requirements and supported by evidence-based policy.
   - Fulfilled requirements as established under *The Health Services Insurance Act* including monitoring of Personal Care Home Standards; under *The Regional Health Authorities Act* and *The Manitoba Evidence Act* including ensuring compliance with critical incident reporting; and *The Mental Health Act, The CancerCare Manitoba Act,* and *The Emergency Medical Response and Stretcher Transportation Act*.

3. Timely information is provided to the Minister of Health, internal clients and the health authorities to support evidenced-based decision-making.
   - Tracked and reported on a variety of data and assisted the Minister of Health, regional health authorities, CancerCare Manitoba and Diagnostic Services Manitoba in their decision-making in matters related to the delivery of safe patient care and program planning, policy and standards.

4. Public expression of concern related to service delivery issues are researched and responded to in a timely manner.
   - Timely investigations and responses were provided to enquiries by the public and/or the media on behalf of the public.
   - Responses to enquiries via *The Freedom of Information and Protection of Privacy Act (FIPPA)* were provided in a timely and responsive manner.

5(a) Administration

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	333	4.00	312	21	
Other Expenditures	74		54	20	
External Agencies	881		881	-	
Total Sub-Appropriation	**1,288**	**4.00**	**1,247**	**41**	

Health Emergency Management

The Emergency Preparedness and Response Branch (EPRB) is the provincial regulator of emergency medical services (EMS) providers and services. The EPRB's mandate is to provide leadership and direction that ensures the provision of effective and efficient EMS and EMS education throughout the province by Manitoba Health, Healthy Living and Seniors (MHHLS), the regional health authorities (RHAs) and other agencies funded by, licensed or approved by MHHLS. In addition to its regulatory role, the EPRB role is to develop and implement legislation, regulations, policies and standards to support the effective delivery of EMS in the province.

The objectives were:
Emergency Medical Services

- To facilitate the delivery of emergency medical services (EMS) by the regional health authorities (RHAs).
- To monitor adherence to the regulation of medical transport in Manitoba.
- To co-ordinate the operation of the Lifeflight Air Ambulance Program.
- To monitor the provision of rotary wing ambulance service.

Office of Disaster Management

- To ensure the health needs of Manitobans during and after disasters through prevention and mitigation, preparedness, response and recovery activities.

The expected and actual results for 2014/15 included:
Emergency Medical Services

1. Effective administration of *The Emergency Medical Response and Stretcher Transportation Act* and Regulations with respect to licensing providers of land ambulance, air ambulance, stretcher car services and licensing personnel.
   - As of March 31, 2015 there were 3068 licensed EMS personnel in Manitoba. The breakdown for the personnel license categories are: 2,385 land personnel, 211 aero-medical attendants, 251 pilots, and 221 stretcher attendants.
   - In the 2014/15 year the EMS Branch processed 366 new or upgraded personnel licenses, and renewal of 1638 personnel licenses.
   - Processes are in place in the EMS Branch to protect the public for situations when new applicants or license holders have criminal offences or criminal charges pending.
2. Land, air and ambulance services will be in compliance with *The Emergency Medical Response and Stretcher Transportation Act* and Regulations.
   - During 2014/15, there were 31 service providers that received licenses in 2014, 15 were provisional and 46 were full licenses. (This includes land, stretcher, air and medical first response services).
   - There were 29 land ambulance stations with accompanying vehicles inspected as well as 2 stretcher service vehicles and 11 aircraft inspected during 2014/15 in accordance with the Regulations.

3. Competent EMS practitioners delivering safe patient care by adhering to EMS standards, treatment guidelines and treatment protocols, and engaging in continuing education.
   - Summative practical evaluations were conducted in all EMS education agencies during 2014/15. Audits of the summative practical evaluations were conducted by the EMS Branch Exam Team

for all EMS education programs in 2014 as a quality assurance measure for eligibility to operate EMS education programs.

- The EMS Branch administers the provincial exam for licensure candidates at the Technician level only. From April 1, 2014 to March 31, 2015, 162 exam candidates were examined by the EMS Branch. There were no appeals to the Manitoba Health Appeal Board regarding exam results for 2014/15.
- The EMS Branch holds a position on a Council known as the Canadian Organization of Paramedic Regulators (COPR) who has been implementing plans to ensure barrier-free mobility and compliance with the Agreement on Internal Trade since 2009. In the spring of 2012, COPR began to administer a national exam for Primary Care Paramedics (PCPs) and Advanced Care Paramedics (ACPs), and Manitoba candidates began taking the national exam in September 2012. 151 PCPs and 16 ACPs took the national exam in Manitoba between September 2014 and March 2015.

4. Safe medical transportation of Manitoba residents by fixed wing, rotary wing, land ambulance and land stretcher service.
   - Patient transports in Manitoba in 2014/15 included:
     - Fixed wing basic air ambulances: 5,537
     - Rotary wing air ambulance: 101
     - South Air Ambulance Program: 565
     - Lifeflight: 561
     - Rural Ground ambulances: 56,406 *
     - Winnipeg ground ambulances: 53,167**

     *Ground ambulance transport data included here is limited to that tracked by the medical transportation coordination center (MTCC). It is notable that some rural, non-devolved services are not yet dispatched by MTCC and their data is not captured here.

     **As reported in Winnipeg's 2015/16 health plan
   - Of the 561 transports, Lifeflight provided safe transport for 478 seriously ill or injured patients from rural and northern facilities to tertiary centers primarily in Winnipeg. Lifeflight also arranges for the air transportation of pre-approved Manitoba residents to facilities out of province when their care is unavailable in Manitoba. Lifeflight provided transport of 83 Manitoba residents who required medical care not available in Manitoba.

5. Robust and informative data collection processes and indicators for EMS service.
   - MTCC currently provides the most accurate data on EMS system performance indicators. Annual reports on call volumes, types of calls dispatched, patient transports, and response times are received for land and air services dispatched by MTCC. Similar performance data is also available on request from the City of Winnipeg on urban system performance.
   - Meyers, Norris and Penny (MNP) was contracted in 2014 to conduct a review of the EMS branch's needs regarding management information system (MIS) technology for improving data collection and performance reporting processes regarding fleet vehicle management, inspections, personnel and service licensing and financial reporting. This report will be received by the branch in 2015/16.
   - The establishment of an electronic patient care record that would allow for robust data collection, greater ability to analyze the EMS system and potentially host a centralized billing process was recommended in the 2013 EMS review. Funding was secured in 2014/15 to move forward on obtaining essential information technology tools to ensure informative data is collected and to enable processes and indicators are established to ensure effective EMS service delivery in the province.

6. Current and relevant EMS standards, treatment guidelines and policy.
   - Emergency Treatment Guidelines which are made up of evidence based best practice Patient Care Maps, Medications and Procedures that will become the foundation of EMS practice in Manitoba. The Executive Practice Committee (EPC) established in 2014 to replace the former Manitoba Emergency Services Medical Advisory Committee (MESMAC) approved seventy Patient Care Maps to date. Orientation to the new care maps is underway and will become the standard for EMS care by June 2016.

7. Effective administration of the Northern Patient Transportation Program (NPTP) that enables RHAs to ensure access to medical services for residents in northern Manitoba.
   - The NPTP is administered by the EMS Branch through the Northern and Interlake-Eastern Regional Health Authorities. The program provides an important medical travel subsidy for northern Manitoba residents who cannot access medical care in their RHA. Opportunities for developing greater efficiencies and accountability in the program continue to be identified and worked on.
   - Planning for Phase 2 of the Manitoba NPTP- Program Information System project continued.

8. Manitobans receive timely response to enquiries.
   - The EMS Branch receives public enquiries in person, by phone, e-mail and via a website. The EMS Branch staff currently responds to these enquiries within one to five working days.

Office of Disaster Management

1. A disaster management program for the department that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1600 Standard on Disaster/Emergency Management and Business Continuity Programs).
   - The Office of Disaster Management assisted the regional health authorities and allied health providers with almost 400 emergency responses in 2014. These responses were further managed through the use of the above standard that sets out the protocols of what to do before, during and after emergency and disaster events. Examples of these emergencies included power outages, severe rain events causing wide-scale flooding and a pipeline explosion that affected nine rural municipalities, one hospital, three personal care homes and 350 home care clients.

2. A fully integrated health incident management system for the department and the RHAs that meets the requirements of due diligence and internationally recognized best practice (currently National Fire Protection Association 1561 Standard on Incident Management Systems).
   - All five regional health authorities have adopted Incident Management Systems for managing small or large scale emergencies and are in the process of further refining roles through their amalgamations. In addition, the following additional health service providers are also in the process of adopting this standard: CancerCare Manitoba, Cadham Provincial Laboratory, Diagnostic Services of Manitoba, Emergency Medical Services Branch, Lifeflight Air Ambulance, Medical Transportation Coordination Centre, Provincial Nursing Stations, Public Health Branch and Selkirk Mental Health Centre.

3. A coordinated and effective preparedness and response structure within the department and the RHAs.
   - The Office of Disaster Management guided the 2014-2015 Ebola Virus Disease (EVD) Preparedness Coordination Committee structure implemented by the department. ODM worked extensively with the Public Health Branch, Medical Officers of Health, Infection Prevention and Control, Emergency Medical Services, Lifeflight Air Ambulance, and Acute Tertiary and Specialty Care to create a common response plan in the event that EVD were to arrive within Manitoba.

5(b) Health Emergency Management

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,309	24.00	2,000	309	1
Other Expenditures	16,047		16,339	(292)	
External Agencies	21		23	(2)	
Total Sub-Appropriation	**18,377**	**24.00**	**18,362**	**15**	

Explanation Number:

1. Primarily due to miscellaneous salaries over-expenditures.

Provincial Cancer and Diagnostic Services

The objectives were:

- To support the Minister of Health, regional health authorities and provincial health agencies (ex: CancerCare Manitoba, Diagnostic Services Manitoba, and Canadian Blood Services) in planning and delivering province-wide, integrated, high quality, safe, efficient, effective and evidence-informed cancer, diagnostic imaging, laboratory, renal, transplant and transfusion services to patients.
- To support the department to lead cancer, diagnostic imaging, laboratory, renal, transplant and transfusion service quality improvements and innovations.
- To inform Manitobans about access, capacity and appropriate use of existing and future cancer, diagnostic imaging, laboratory, renal, transplant and transfusion services.

The expected and actual results for 2014/15 included:

1. Provincial strategies, policies, guidelines and legislation enable standardized province-wide service delivery.
   - Collaborated with the Legislative Unit and provincial stakeholders to develop radiation protection legislation which updates the requirements for the installation and operation of x-ray equipment in Manitoba, to better protect patients and health care providers.

2. Current programs are executed in accordance with established plans, expectations and authorities.
   - Collaborated with Manitoba Renal Program (MRP) to ensure ongoing sustainability of renal programs in rural and Northern communities.
   - Supported provincial stakeholders, including Diagnostic Services Manitoba (DSM) in advancing strategic direction related to provincial diagnostic service provision.

3. Regional health authorities (RHA), provincial health agencies and stakeholders are informed of provincial priorities, emerging health issues, service gaps and the quality of care.
   - Supported provincial stakeholders, including DSM in advancing efforts supporting access to diagnostic services, including initiatives to enhance Magnetic Resonance Imaging services.
   - Identified and anticipated emerging diagnostic health and service issues and worked with system partners in order to ensure continued safe, quality care.
   - Supported CancerCare Manitoba (CCMB) in the development of cancer prevention concepts including smoking cessation, genetic testing, and radiation exposure.
   - Participated in CCMB's Strategic Forum "Cancer Care for the Next Decade" and helped to identify recommendations for action.

4. Enhanced quality, transparency and sustainability of healthcare services.
   - Co-chaired the multi-stakeholder working group on medical isotopes to ensure contingency planning mitigates the impact of anticipated medical isotopes shortages during the period 2016-18.
   - Collaborated with Diagnostic Services Manitoba to enhance web based occurrence reporting.

5. New and expanded programs are implemented in accordance with government priorities.
   - Supported Manitoba Renal Program to increase renal capacity for 24 additional patients in Winnipeg with the addition of 8 renal dialysis stations at Seven Oaks General Hospital.
   - Supported Winnipeg Regional Health Authority to increase magnetic resonance imaging capacity at Health Sciences Centre and the National Research Centre.
   - Supported the implementation of investments in cancer prevention, screening and care in accordance with *Manitoba's Cancer Strategy 2012-2017*.
   - Collaborated with the Winnipeg Regional Health Authority and CancerCare Manitoba on the implementation of the first-in Canada, Cancer Wait Time Strategy entitled "Transforming the Cancer Patient Journey in Manitoba." This initiative aims to reduce the cancer patient journey from suspicion to treatment to two months or less. Activities include:
     - Participated in, and provided secretariat support for the Manitoba Cancer Partnership Steering Committee.
     - Facilitated the work of the Rapid Improvement Leads with stakeholders to identify process efficiencies and improvements related to Breast Cancer diagnosis and treatment.
     - Worked with CCMB and the regional health authorities to establish four Regional Cancer Program Hubs in The Pas, Thompson, Steinbach and Winnipeg and provided funding to hire

physicians, patient navigators, and psychosocial clinicians to support cancer patients and navigate their journey from suspicion, to diagnosis, and on to treatment.

- Participated in the Provincial Digital Mammography Oversight Committee to oversee conversion of existing Film Screen Mammography equipment to digital equipment.
- Collaborated with CCMB and DSM in the implementation and expansion of molecular testing in Manitoba for cancer treatment.
- Worked in collaboration with CCMB, Cadham Provincial Lab and DSM on the implementation of Liquid Based Cytology in Manitoba.
- Collaborated with lab partners and CervixCheck to outline the parameters required for the implementation of HPV reflex (triage) testing.
- Participated in the review and planning for construction of a new CancerCare Building.
- Participated in the review and planning for renovations to Thompson Hospital's community cancer program.
- Supported the final implementation of Trace Line (Transfusion Medicine Laboratory Information System) in 16 Manitoba facilities/blood banks, including Canadian Blood Services, to support improved transfusion medicine service delivery.

6. Manitobans receive timely response to enquiries.
   - Responded to public enquiries related to care in a timely manner.

7. Manitobans have timely access to appropriate, quality healthcare services.
   - Facilitated the work of the Provincial Imaging Advisory Council, whereby replacement of specialized equipment for nuclear medicine, radiology, CT/MRI and ultrasound across the province is prioritized for the fiscal year.
   - Participated in the Manitoba Bone Density Program Management Committee.
   - Participated in the Manitoba Laboratory Information System Implementation Steering Committee to provide integrated laboratory results.
   - Participated in the Manitoba Digital Pathology Project Steering Committee.
   - Supported DSM to expand after hours and emergency diagnostic testing for computed tomography in rural Manitoba.
   - Supported CCMB to establish an Urgent Cancer Care Clinic, a Cancer Helpline, and extend the hours for clinic treatment services. All three components work together to synchronize specialized urgent care services to cancer patients experiencing side effects related to their cancer treatments and/or symptoms related to their cancer.
   - Participated in establishing a formal cancer drug approval and accountability process for IV and oral chemotherapy.
   - Collaborated with the Canadian Cancer Society to supply grant funding for their transportation program to ensure patients receive transportation for cancer treatment and appointments no matter where a person lives in the province. The transportation service provides about 30,000 rides annually in more than 50 communities throughout Manitoba.
   - Participated in an advisory group with the Manitoba Centre for Health Policy to review cancer data linkages including expanding infrastructure for cancer research.
   - Participated in an Underserved Populations Advisory Group to assist in building better partnerships for improved access and a model of collaborative cancer control.
   - Supported the implementation of Trace Line ® at the DSM Blood Bank located within the St. Boniface Hospital, to meet accreditation criteria and reduce turnaround times.

8. Manitoba's interests are identified at decision-making tables.
   - Participated on the Canadian Partnership Against Cancer Breast, Colorectal, Cervical and Lung Cancer Screening Networks.
   - Participated in a Canadian Partnership Against Cancer Working Group on Informed Decision Making for High Risk Women for breast cancer screening *The Quality Determinants of Breast Cancer Screening with Mammography in Canada.*
   - Participated in a Canadian Partnership Against Cancer Working Group to identify a business case for HPV screening with Pan-Canadian Cervical Screening Network partners.

5(c) Provincial Cancer and Diagnostic Services

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	977	9.00	735	242	
Other Expenditures	281		272	9	
External Agencies	38		50	(12)	
Total Sub-Appropriation	**1,296**	**9.00**	**1,057**	**251**	

Continuing Care

The objectives were:

- To support the Minister of Health and the health authorities in planning and delivering, monitoring and evaluating safe, high quality, efficient, effective and evidence informed continuing care health services.
- To inform Manitobans and the department about demand, capacity, access and waits for continuing care health services.

The expected and actual results for 2014/15 included:

1. Personal care homes operate in compliance with the Personal Care Home Standards Regulation as set out under *The Health Services Insurance Act*.
   - Staff provided leadership in the ongoing monitoring of the 125 PCHs across the province. The monitoring process includes reporting the findings of on-site reviews to each respective site, as well as initiating follow-up with action plans and PCH-related complaints such that all 26 PCH standards will be met over time.
   - On-site standards reviews to assess compliance with established provincial standards were conducted in fifty four (54) PCHs in the following regional health authorities (RHAs): Prairie Mountain Health, Northern, Winnipeg, and Southern Health-Santé Sud.
   - In addition, thirty eight unannounced reviews were conducted in PCHs across the province.

2. Eligible personal care homes are licensed.
   - Staff provided leadership in the annual licensing of the 125 PCHs across the province. There are a total of 9715 licensed PCH beds in 125 facilities province wide.

3. New and expanded programs in continuing care are implemented in accordance with government priorities.
   - *Advancing Continuing Care - A Blueprint to Support System Change* was released in June 2014. The Blueprint outlines priority actions in continuing care to further ensure that appropriate local support services match the needs of individuals and families along the continuum, including high quality, dignified end-of-life care.
   - Staff supported the ongoing implementation of three operating Hospital Home Teams (HHT) in the Winnipeg Regional Health Authority (WRHA) and the initiation of planning of a rural HHT in Interlake-Eastern RHA. The HHTs provide intensive, short term community supports with the goals of client re-ablement and stability in the community setting.
   - Staff provided leadership in the area of Community Housing with Services. In particular, the expansion of Supportive Housing units in the province. Staff collaborated on the Manitoba Centre for Health Policy's deliverable related to the affordability of Supportive Housing. Work was initiated on the Community Housing with Services Review which will lead to the development of a new framework to identify the best models to allow older adults in the province to remain safely in their communities for as long as possible. Problem solving around the sustainability of elderly persons housing operated by rural RHAs continued.
   - Provincial and regional stakeholders continued to work to identify and implement program and service enhancements that support Aging in Place.
   - Staff provided leadership for the expansion to the Home Care program by provision of ongoing funding in support of enhanced home care service level and specialized supports (continued from 2012/2013 initiatives).

- Staff provided leadership and support to the regions for the New and Innovative Rehabilitation Project initiative for the development of targeted rehabilitation initiatives with the goal of deferring premature placement in PCH.
- Staff provided leadership/support in the development of a provincial Safe Patient Handling Charter for the Long Term Care Sector. Goals of the charter include (but not limited to) standardization of safe patient handling training across the province that is compliant with Workplace Safety and Health legislation and best practice and improved safety for staff and residents of personal care homes. The Charter is a multi-phase plan with anticipated completion in the fall of 2016, with subsequent annual reviews.
- Staff provided leadership and oversaw the development of Manitoba's Framework for Alzheimer's Disease and Other Dementias through a collaborative process with the establishment of a Development and Implementation Advisory Committee. The Framework outlines recommendations in five key areas that follow the 'responses to dementia' that people would experience in their dementia journey including: raising awareness and understanding; early recognition, initial assessment and diagnosis; management, care and support; end-of-life care; and, research and evaluation. The Framework was released in June 2014.
- Staff provided leadership in the development and implementation of a Dignity study currently underway by the Manitoba Centre for Health Policy and the University of Manitoba, Faculty of Nursing within Manitoba's PCHs. Staff maintain an ongoing advisory role to support the work of the researchers. The study is aimed at improving resident care with a focus on resident driven care while maintaining safety, dignity, and compassion.
- Staff collaborated on the planning for various personal care home capital projects including Morden-Tabor PCH, Lac Du Bonnet PCH, and 2 new PCHs in WRHA.
- Work continued toward licensing six (6) First Nations PCHs, on an interim basis, as announced in 2008. The communities involved in this initiative include:
  - Opaskwayak (Rod McGillivary Memorial Care Home in Northern RHA)
  - Sioux Valley (Dakota Oyate Lodge in Prairie Mountain Health)
  - Sagkeeng (George M. Guimond Care Centre in Interlake-Eastern RHA)
  - Oxford House (George Colon Memorial Home in Northern RHA)
  - Fisher River (Ochekwi Sipi Personal Care Home in Interlake-Eastern RHA)
  - Peguis (Peguis Senior Centre in Interlake-Eastern RHA)*

  *The current physical structure needs to be replaced as it cannot be upgraded to meet the requirements of the Design Guidelines for Long-Term Care Facilities. Work towards licensing this facility will follow the replacement of the building. Staff in collaboration with the 3 regional health authorities impacted by this initiative (Northern Regional Health Authority (NRHA), Interlake-Eastern Regional Health Authority (IERHA) and Prairie Mountain Health (PMH) continued to provide education and support regarding the provincial PCH standards.

4. Relevant policies are reviewed and updated.
   - Staff has collaborated with stakeholders on the ongoing review of policies related to continuing care.

5. Manitobans receive timely response to enquiries.
   - Timely investigations and responses continue to be provided to verbal and written enquiries by the public, as well as media issues/expressions of concerns related to health care delivery within Manitoba.
   - This includes providing timely and appropriate information to individuals, within the boundaries of *The Personal Health Information Act (PHIA)* and *The Freedom of Information and Protection of Privacy Act (FIPPA)*, on individual and systemic health care enquiries, including referrals for services and appeal process information.
   - Staff contributed to Value-for-Money audit of Home Care, as initiated by the Office of the Auditor General of Manitoba. Finalization of the audit is anticipated in the 2015/16 year.
   - Staff contributed to investigations led by the Ombudsman's Office on an as needed basis.

5(d) Continuing Care

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,018	13.10	1,063	(45)	
Other Expenditures	121		144	(23)	
Total Sub-Appropriation	**1,139**	**13.10**	**1,207**	**(68)**	

Acute, Tertiary and Specialty Care

The objectives were:

- To support the Minister of Health and lead the regional health authorities, undertake evidenced informed planning, planning and strategic direction setting to ensure the delivering of safe, high quality, efficient, effective, evidence-informed health services.
- Monitor and evaluate the acute care system's performance as it pertains to quality, safety, cost and service efficiency and effectiveness.
- To inform Manitobans and the department about the quality, safety and utilization of, access to, and capacity of health services.
- To lead acute care quality improvement and innovation.

The expected and actual results for 2014/15 included:

1. Health authorities are in compliance with the critical incident reporting requirements of *The Regional Health Authorities Act* and *The Manitoba Evidence Act*.
   - 193 critical incidents were reported during 2014/2015. This represents a dramatic decrease in the number of reported events as compared to 2013/14. This decrease in reporting is due to changes in the determination of a critical incident by the Winnipeg Regional Health Authority (WRHA) in the case where a fall results in a fracture requiring surgery, improved screening of reported events prior to the determination of the event as a critical incident, and a multitude of individual/regional/provincial improvement projects related to fall prevention, pressure ulcer development, improved communication among patient care teams and during patient transitions.
   - Systemic learning resulting from critical incident reviews is now being shared publicly on the Manitoba Health, Healthy Living and Seniors (MHHLS) Patient Safety website via "Patient Safety Learning Advisories". In addition, these are being shared nationally and internationally using the Canadian Patient Safety Institute's Global Patient Safety Alerts platform.
   - Follow-up of reporting related to critical incident reviews to ensure submission within legislated timelines as wells as progress on recommendations arising from a critical incident review continues.

2. A public report on patient safety in Manitoba is released every two years.
   Provide actual result(s) here.
   - The third public report on patient safety in Manitoba is in continued development.

3. Health system partners and stakeholders are informed of emerging health issues, service gaps and the quality and safety of care.
   - Participated and/or lead the following working groups:
     - The Manitoba Patient Safety Education Program (PSEP) Working Group, whose mandate is to work towards system integration of the Canadian Patient Safety Institute PSEP curriculum.
     - The Provincial Quality and Patient Safety Council, whose mandate is to determine and prioritize actions and plans to advance quality and patient safety within Manitoba, continues to be apprised of issues related to the safety and quality of health care.
     - Continued collaboration with the regional health authorities (RHAs), stroke neurologists, Diagnostic Services Manitoba and Heart and Stroke Foundation Manitoba to ensure Manitobans have access to coordinated, efficient and quality stroke care prevention, treatment, rehabilitation and integrated stroke care.
     - Provincial Medical Device Reprocessing (MDR) working group, whose mandate is to develop and guide regional implementation of MDR services in alignment with national standards, including a review of infrastructure in MDR facilities.

- In Sixty Colorectal Disease Site Group, whose mandate is to undertake activities to support an improved cancer journey for Manitoba colo-rectal cancer patients.
- Implemented a patient experience survey in acute care settings in two RHAs (Southern Health-Santé Sud and Interlake-Eastern RHA) to provide patient reported data for use in quality improvement programs. This will rollout to Prairie Mountain Health and Northern RHA in 2016.
- Consulted with Santé en francais regarding concerns about availability of analysis of patient experience surveys by language spoken.
- Community Health Assessment Network (CHAN) to support a coordinated approach for the RHAs in fulfilling the legislated requirement to develop a community health assessment in a five year cycle. The CHAN also connects to participation in the Need to Know Team project at the Manitoba Centre for Health Policy, and to monitoring access to Youth Health Survey (YHS) data through the YHS Data Access Review Panel.
- The Manitoba Accreditation Working Group reviews topics of common interest and concern across Manitoba and with Accreditation Canada.
- Health system partners are engaged to coordinate feedback to Accreditation Canada on proposed changes to their standards.
- Developed a Manitoba Accreditation Provincial Standards Set with engagement of RHAs in a current state analysis of RHA site assessment.
- Unified Referral and Intake System Interdepartmental Committee, whose mandate is to support children needing assistance with health care procedures when in community programs and apart from families and caregivers.
- Children's Therapy Initiative Interdepartmental Committee, whose mandate is to set common vision and direction for service provision and coordination of therapies, and collaboratively address region-specific therapy priorities in an effective and innovative manner.
- Western Canadian Children's Heart Network Steering Committee, whose mandate is to coordinate and integrate care for pediatric cardiac patients and ensure access to the highest standard of pediatric cardiac care across the Western Canadian provinces.
- Autism Interdepartmental Committee and the Autism Leadership Committee, whose mandate is to assist government and community stakeholders in planning for autism services and supports.
- Specialized Services for Children and Youth Advisory Committee, whose mandate is to integrate and where possible, co-locate services for Manitoba children and youth with disabilities and special needs.
- Provincial Clinical Services Planning Committee to assess existing acute care and emergency department access issues in Manitoba (with specific emphasis on rural Manitoba) and recommend provincial models of acute care service delivery to inform planning and decision making resulting in sustainable, efficient and quality hospital and emergency department access throughout Manitoba.
- Specialized equipment committee, whose mandate is to review and approve RHA specialized equipment requests including diagnostic imaging equipment, and determine equitable provincial allocation of resources. The committee has embarked on a 2-year improvement project to establish a provincial collaborative process to support safe, effective and cost-efficient clinical service delivery province wide.

- Undertook the following monitoring and reporting activities:
  - Monitored and posted quarterly public postings of critical incidents reported to MHHLS on the department's Patient Safety website. To date from 2011/12, three full years of data have been posted.
  - Posted Patient Safety Learning Advisories (PSLAs) on the MHHLS Patient Safety website and contributed nationally to Canadian Patient Safety Institute (CPSI) Global Patient Safety Alerts system.
  - Monitored Project 340 for stroke data and indicator collection throughout Manitoba.
  - Monitored the requirements to meet the recommendations for the Canadian Best Practices for stroke care, and continued the plan integrated stroke strategies to achieve improved patient outcomes jointly with the regional health authorities (RHAs).
  - Monitored the WRHA Cardiac Sciences Program performance indicators.
  - Review and prioritization of funding requests for specialized equipment by RHAs.
  - Review of the RHAs' health plans to ensure alignment with provincial health goals and needs of communities.

- Monitored service interruptions in acute care, emergency department, and therapy services with information provided by RHAs, and ensured that appropriate contingency plans were available in the RHAs.
- Initiated preliminary work to assess regional surgical capacity and resource utilization to support future analysis of its impact to access to services.
- Monitored execution of RHA programs including: wait times for emergency department, surgical services, and diagnostic imaging; medical device reprocessing; inpatient and outpatient care.
- Established an ongoing monitoring process for sharing aggregated data to ensure successful implementation of a community-based grant funding initiative aimed at improving health and quality of life for Manitobans living with spinal cord injury and related disabilities.
- Reviewed Manitoba's urological and bariatric surgical services against national quality standards to determine emerging trends and service gaps.
- Reviewed the RHAs' Community Health Assessment reports to ensure compliance with the Reporting on CHA policy.
- Reviewed regional Accreditation reports to ensure in compliance with legislation in passing accreditation, submission of report to government, and public posting of results. Key results summarized and disseminated to inform policy and program planning.
- Monitored the implementation of the NOR-MAN Review Recommendations. Of the 44 recommendations 39 have been fully implemented, 2 are on-going in nature, and 3 rest with other jurisdictions.

4. New and expanded programs are implemented in accordance with government priorities.
   - Review and analysis of the WRHA Cardiac Sciences Proposal to expand the Cardiac Care Unit and to increase additional beds to support patient flow, reduce surgical back log and overall improve service delivery of cardiac care services.
   - Review and support of functional programming and operational requirements for a variety of capital redevelopment projects including the new Women's Hospital, Flin Flon General Hospital Emergency Department, the Dauphin Emergency Department, and the Brandon medical bed expansion.
   - Monitored the implementation of the Brandon Pain Clinic program expansion including ensuring correct program data submission.
   - Collaborated with the WRHA and Family Services to plan a process for reimbursement for specialty foods for adults living with Phenylketonuria (PKU) in Manitoba.
   - Review and analysis of a proposal from the Transgender Coalition to address the acute care/specialized services related needs of the transgender population.
   - Review and analysis of WRHA bariatric surgical services to determine alignment with program targets and deliverables.
   - Review and analysis of WRHA's urology service consolidation plan to ensure consistent service delivery and standards of care across the region.
   - Provided leadership and support for planning and implementation of *The Universal Newborn Hearing Screening Act* which comes into effect on September 1, 2016. The Act requires application of hearing screening and diagnostic assessments of newborns in a hospital or in a public audiology centre.

5. Manitobans receive timely response to enquiries.
   - Timely investigations and responses are provided to public enquiries, media enquiries and *The Freedom of Information and Protection of Privacy Act (FIPPA)* enquiries.

6. Current programs are executed in accordance with established plans and authorities.
   - Provided provincial leadership and coordination to commence regular meetings with the province's patient safety consultants to share information/resources and explore opportunities for collaboration on work that is common to all.
   - Provincial leadership and coordination to implement the Telestroke program that provides access to stroke Neurologists and specialized emergency care to patients in northern rural communities (Thompson and The Pas).
   - Provided direction to address wait times in emergency department, surgical services, and diagnostic imaging through involvement in a regional wait times committee; provided leadership and policy direction to inter-regional working group on medical device reprocessing.
   - Monitored the volumes and targets of the Sleep Disorder Program to ensure appropriate wait times for service provision including initial assessment and follow-up as required.

- Collaborated with the Department of Jobs and the Economy to establish governance/accountability mechanisms to support government funding for a community-based initiative aimed at improving health and quality of life for Manitobans living with spinal cord injury and related disabilities.
- Monitored Winnipeg emergency department wait times.
- Monitored service interruptions in acute care, emergency department, and therapy services with information provided by RHAs, and ensured that appropriate contingency plans were available in the RHAs.

7. The community health assessment process is provincially coordinated and consistent.
   - Provided leadership to the Community Health Assessment Network (CHAN) in planning the fourth cycle of community health assessment (CHA); tools provided for applying an equity lens to CHA reporting.
   - Determined a data source for each core CHA indicator, and coordinated the provision of data for these indicators.
   - Selected provincial content for the Canadian Community Health Survey.
   - Evaluated recommendations approved and implemented.
   - Monitored CHA process for consistency and timeliness. Extended CHA report deadlines due to data delays, and received CHA reports on extended deadline dates.
   - Facilitated CHAN meeting to determine future direction for CHA in Manitoba.

8. Provincial policy and direction enables consistent service delivery and standards province wide.
   - Developed provincial policies to support consistent adherence to national standards for medical device reprocessing.

9. Regional health authorities (RHAs) are in compliance with *The Regional Health Authorities Act* and the associated regulations and guidelines.
   - Participated in rural RHA board and leadership meetings to coordinate and develop effective and collaborative working relationships and ensure regional alignment with provincial policies, priorities and objectives.
   - All RHAs have Local Health Involvement Groups (LHIGs) in place.
   - All RHAs and agencies are operating according to the accreditation legislation and guidelines.
   - All health authorities' Community Health Assessment reports are in accordance with *The Regional Health Authorities Act* and associated regulations.

10. Data is available for program and policy planning.
    - Supported RHAs in establishing appropriate data collection and reporting methods for surgical services, diagnostic imaging, and pain clinic services.
    - Utilized regional health authority (RHA) birth services data to inform the planning and implementation of the Universal Newborn Hearing Screening Act, coming into effect in September, 2016.
    - Submitted clinical and patient collected information on Multiple Sclerosis to the Canadian Institute for Health Information.
    - Provided monthly wait time information for 11 diagnostic, surgical and cancer procedures to the public via the provincial wait times web site.
    - Provided monthly wait time and wait list information for 22 adult and 15 pediatric surgical and medical specialties, totaling over 400 pages of reports, to program leads and RHA management. Also provided quarterly and annual reports to programs and services as requested.
    - Supported RHAs in establishing appropriate data collection and reporting methods for surgical services, diagnostic imaging, and pain clinic services.
    - Developed and implemented a branch database to capture patient complaints.

11. Continued implementation of Patient Access Registry and eBooking tools throughout Manitoba.
    - Redevelopment of the Patient Access Registry Tool (PART)/eBooking application to accommodate implementation in the rural and northern regional health authorities (RHAs) began in March 2013, with targeted completion in December 2013. After several delays redevelopment and release occurred May 4, 2015. Supported Manitoba eHealth in establishing and testing requirements based on user feedback.

12. Increased health system capacity to apply quality improvement processes.
    - The Manitoba Patient Safety Education Program (PSEP) Working Group has received approval for Manitoba to become a "PSEP training hub". This will allow the PSEP Program to be delivered in Manitoba and contribute to the sustainability of the training program in Manitoba. The first PSEP training session hosted by Manitoba is being planned for the fall of September 2016.
    - Trained 64 health care system staff throughout Manitoba in Lean Six Sigma as Green Belts or Black Belts, for a total of over 210 staff able to lead Lean Six Sigma quality improvement projects. Over 125 improvement projects have been completed with reported savings to the health care system totaling $14,263,614.76 including a reduction of 576,000 patient wait days; over 18,000 fewer in hospital bed days, over 4000 more patients that can access care, and 170 fewer staff safety occurrences.
    - Examples of Lean projects include:
        - Improving Supports For Home And Community Services
        - Improving Transitioning Patient Care From Hospital To Home
        - Reducing Wait Time For Cataract Surgery
        - Reducing Wait Time for Colonoscopy & Endoscopy
        - Improving Long Term Care Placement Processes
        - Improving Patient Flow In The Emergency Department
        - Improving Access and Referrals in Primary Care
        - Improving Pre-Operative Clinic Processes
        - Improving Respite Services

13. Sustainment of Lean Six Sigma improvement initiatives.
    - Green Belts or Black Belts continue to work in their organizations, typically in their existing positions, as Lean Six Sigma resources.
    - Ongoing peer-to-peer mentorship is encouraged through an annual Lean Congress event that showcases Lean projects completed during the year and celebrates the efforts of staff involved in quality improvement activity.

14. Sustainment of Releasing Time to Care sites.
    - The Releasing Time to Care (RTC) strategy aimed to provide the training and tools necessary for RTC "Productive Ward" (PW) implementation across Manitoba acute care inpatient units over a five year period ending in 2014/15 to achieve improvements in direct patient care time by nursing through realized efficiencies in patient care activities.
    - Training and tools were provided for PW implementation in 45 wards (1,335 beds) within 21 hospitals in four RHAs (4 wards in IERHA; 14 wards in PMH; 4 wards in Southern Health-Santé Sud; and 23 wards in WRHA). Wards that had completed all RTC modules have made significant improvements, including:
        - Empowerment of staff to take ownership of their work environment and contribute to improvements.
        - Increased staff keenness and energy noticeably demonstrated.
        - Staff who had been away for a period of time and later returned reported improved organization/greater sense of well-being.
        - A sense of calmness throughout the wards that never existed previously.
        - Less overtime being incurred and more shifts being picked up by staff.
        - Improved supply management and less supply wastage – one site removed or discarded over $2,000 of supplies which had expired.
        - Decreased time in unnecessary motion through reorganization of supplies, enabling more time for other duties.
        - MHHLS has recommended final closure of the Provincial Implementation Strategy of RTC across Acute Care Hospital wards as of March 30, 2015.
    - Any ongoing future RTC work will be arranged by RHAs independent of MHHLS.

5(e) Acute, Tertiary and Specialty Care

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	2,064	31.50	2,333	(269)	1
Other Expenditures	289		744	(455)	
External Agencies	819		820	(1)	
Total Sub-Appropriation	**3,172**	**31.50**	**3,897**	**(725)**	

Explanation Number:

1. Primarily due to miscellaneous salary under-expenditures.

Chief Provincial Psychiatrist

The Office of the Chief Provincial Psychiatrist is responsible for carrying out required statutory and non-statutory functions, in order to protect the health and well-being, and to promote the improved mental health status of Manitobans.

The objectives were:

- To carry out required statutory and non-statutory functions by administering *The Mental Health Act* and the Orders of Committeeship program, providing professional consultation to the health care system, and promoting the recruitment and retention of psychiatrists in the province, in order to promote the health and well-being and to optimize the mental health status of Manitobans.

The expected and actual results for 2014/2015 included:

1. Preservation of patients' rights under *The Mental Health Act*.
   - Continued to promote effective operation of *The Mental Health Act and Regulations*.
   - Responded to numerous inquiries regarding interpretation and practical application of *The Mental Health Act*.
   - Consulted as required with the MHHLS Legislative Unit and Manitoba Justice Civil Legal Services to assist in the proper interpretation and application of *The Mental Health Act and Regulations*.

2. Interpretation and application of *The Mental Health Act*.
   - Offered and provided educational sessions for psychiatric facilities, professionals, consumers, families and appropriate agencies regarding *The Mental Health Act*.
   - Consistently implemented the MHHLS policy entitled "Order of Committeeship Issued by the Director of Psychiatric Services," setting out the policies and procedures followed by the Office of the Chief Provincial Psychiatrist in managing the Orders of Committeeship Program.

3. Issuance of new Orders of Committeeship and Authorizations of Transfer, and cancellation of previous Orders of Committeeship.
   - Processed 330 Certificates of Incapacity applying for Orders of Committeeship and issued 305 new Orders of Committeeship appointing The Public Guardian and Trustee of Manitoba as committee of the person's property and personal care.
   - Cancelled 13 previous Orders of Committeeship.
   - Issued 67 Authorizations of Transfer approving the transfer of patients between psychiatric facilities within and outside of Manitoba.
   - Pursuant to the Order of Committeeship policy, provided an interview with the Director of Psychiatric Services to persons who submitted a written objection to the Notice of Intent to issue an Order of Committeeship, prior to the appointment of The Public Guardian and Trustee of Manitoba as committee.
   - Maintained required working liaison with the Office of The Public Guardian and Trustee of Manitoba in order to facilitate proper administration of the Orders of Committeeship Program.

4. Enhanced recruitment and retention of psychiatrists for under-serviced areas of Manitoba.
   - Five specialists in psychiatry, who successfully completed their periods of enrollment in the Career Program in Psychiatry, continued to fulfill their return of service commitments in areas of need in Manitoba.

- Three University of Manitoba residents in the specialty of psychiatry participated in the Career Program in Psychiatry, accruing return of service commitments in areas of need in Manitoba.
- Provided consultation and advice to relevant agencies regarding the recruitment and retention of psychiatrists in Manitoba.

5. Consultative liaison with RHAs and other sectors of the health care system.
   - Maintained relevant linkages and appropriate consultation with the regional health authorities regarding various aspects of the mental health system.
   - Provided professional consultation, liaison and advice regarding mental health practice, programming and policy, and the statutory implications of *The Mental Health Act,* to clients, stakeholders and various sectors of the health system.

6. Tracking of the Orders of Committeeship program and the regulated Forms under *The Mental Health Act.*
   - Continued data entry for the computer databases for *The Mental Health Act* and the Orders of Committeeship Program.
   - Additional computer databases were operational for selected data analysis during the year.

5(f) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	477	2.40	452	25	
Other Expenditures	54		55	(1)	
Total Sub-Appropriation	**531**	**2.40**	**507**	**24**	

Healthy Living and Seniors

Healthy Living and Healthy Populations

The objectives were:

- Advance and support strategic partnerships and evidence-based policies and programs that assist all Manitobans to lead the healthiest lives possible and reduce health inequities.

The expected and actual results for 2014/15 included:

1. A provincial healthy weights action plan.
   - Healthy Living and Healthy Populations branch worked with a research intern from the Western Regional Training Centre for Health Services Research on a report that addresses healthy weights. The report takes into consideration that achieving and maintaining a healthy weight requires a holistic and multi-faceted approach which shifts from a focus on weight to a focus on well-being.

2. A target of 100 employers sign on to the Wellness Works campaign.
   - The campaign has had 55 employers sign up to the Wellness Works campaign, passing the halfway point to the target and representing over 42,000 workers across Manitoba.
   - Further evaluation is underway to provide guidance in how to best attract more employers to the campaign.

3. Engagement and collaboration with provincial, regional and local partners to increase physical activity opportunities in schools, workplaces and communities; including promotion of trails and active transportation.
   - Healthy Living and Healthy Populations branch partnered with many internal and external partners in the health, education, sport, recreation, fitness, early childhood and private sectors to increase opportunities by offering a variety of resources and distributing over 9000 information and promotion resources; providing training; providing outdoor activity and community geocaching loan toolkits that promote the use of recreational trails; establishing and promoting

safer and more effective active transportation routes; and offering the first ever provincial physical literacy conference.

4. Development of sustainable food supply initiatives with partners in northern communities, nutrition labeling in chain restaurants, reduced sodium content in health care facilities menus and increased number of schools and day cares with school nutrition programs.
   - Worked with communities and retailers to prepare to pilot a new initiative to address high food prices in northern communities. AFFIRM (Affordable Food In Remote Manitoba) will provide a subsidy on fluid milk and fresh fruit and vegetables to residents in ten northern communities where there is no year-round road access, and which are not eligible for the federal Nutrition North Canada program. Communities for the pilot are Tadoule Lake, Brochet, Shamattawa, Berens River, York Factory, Churchill, Pikwitonei, Ilford/War Lake, Thicket Portage, Pukatawagan.
   - Continued to work collaboratively with the government of British Columbia to engage national chain restaurants in the Informed Dining (ID) program. The ID program is a successful model for nutrition labeling in restaurants developed and implemented in British Columbia with the support of Restaurants Canada. Participating restaurants complete a menu analysis and provide nutrition information including calories, sodium, and 13 core nutrients to inform customers at the point of purchase. Nine national restaurant chains which are currently part of the ID program in British Columbia have rolled out in Manitoba.
   - A framework for addressing sodium reduction in health care facility menus was developed.
   - Supported over two hundred school breakfast, snack and lunch programs, reaching 20,000 students. 44 after-school sites participated in the Vegetable and Fruit Snack pilot program, reaching 1900 students. Healthy Living and Healthy Populations provided funding to the Child Nutrition Council of Manitoba toward support of these nourishment programs. Developmental work on nutrition in child care centres was undertaken, including needs assessment in pilot sites.
   - 358 schools and child care centres participated in the Farm to School Manitoba Healthy Choices Fundraiser that combines promoting consumption of healthy Manitoba produce, healthy eating awareness and education, and raising funds for school and day care programs. 786,430 lbs of Manitoba vegetables were sold, with schools and daycares earning a total profit of $411,580. Government contributed funding toward promotion and implementation of the program by project partners: Peak of the Market and the Manitoba Association of Home Economists.
   - Released the document "Moving Forward with School Nutrition Guidelines," a set of revised guidelines for schools to assist with the creation of nutrition policies and improve school nutrition environments.

5. Initiatives to mitigate unintentional injuries are reflected through the implementation of the injury prevention strategy and delivered across Manitoba in collaboration with key stakeholders.
   - A five year injury prevention plan (2015-2020) has been developed to renew the department's focus on reducing injuries in Manitoba.
   - Through the Low Cost Bike Helmet Initiative, 7,086 helmets were distributed to children, youth and families across Manitoba and 617 helmets were provided at no cost to children with financial barriers.
   - Through the Personal Floatation Device Loaner Program, 396 Personal Floatation Devices were distributed to 18 communities across Manitoba.
   - Through the Manitoba Water Safety Community Grants program, 40 grants were approved to improve water safety and capacity.
   - Through the Bone Health Education and Awareness program:
     - Public Education Forums were held at various locations with attendance between 50 and 150 per session
     - Close to 70 presentations were delivered to older adults and health care professionals and participated in about 25 displays to educate seniors about good bone health
     - Promoted Sip & Skip curriculum to Grades 3 and 4 teachers by distributing 300 Sip & Skip promotional brochures to teachers
   - Through the Falls Prevention Program, promoted and delivered the Canadian Falls Prevention Curriculum, organized the annual education event to the Falls Prevention Network; and coordinated the falls prevention week for older adults.

6. A revised Healthy Sexuality Action Plan is developed which supports the prevention component of a Provincial Sexually Transmitted and Blood Borne Infection strategy.
   - A revised Healthy Sexuality Action Plan was drafted with finalization pending the approval of the Provincial Sexually Transmitted and Blood Borne Infections (STBBI) strategy in 2015. The STBBI Strategy was approved and launched in March 2015.
   - STBBI prevention work remains a significant focus of the Healthy Sexuality Action Plan and was a focus of the work carried out in 2014/15.

7. Increased number and capacity of communities that design and implement initiatives to address chronic disease risk factors.
   - During the 2014-15 year, 102 communities across Manitoba submitted Healthy Together Now action plans outlining their activities that focus on preventing chronic diseases. There were just over 440 action plans submitted. Communities plan and lead activities in the areas of healthy eating; physical activity; reduction of tobacco use; and mental well-being. Each community action plan identifies numerous activities unique to their identified community needs. The number of communities and plans were down slightly from the previous year. This was due in part to regions identifying the need to do more capacity building with communities who had not previously participated or who were experiencing high turnover of community volunteers and leaders.
   - Healthy Living and Healthy Populations branch provided a Share & Learn forum in Winnipeg that provided training, skill development, use of evidence and HTN community project sharing using a story format. Approximately 160 people participated from 5 health regions, 40-50 communities, and partner agencies.

8. Continued engagement and collaboration with school divisions, schools and other partners in Manitoba's Healthy Schools Initiative.
   - Provided annual funding through the Healthy Schools Grant to all 37 school divisions and to 158 First Nations and independent schools as they work together with their community partners (including local regional health authorities) to build healthy school communities.
   - Promoted the Joint Consortium for School Health's Healthy School Planner to help schools assess the current health environment and build a plan to make improvements.
   - The Healthy Schools Initiative promotes active and safe routes to schools for health benefits and for the environment. Through Healthy Schools, the department provided funding to support programs and projects targeting children, families and schools to encourage active travel to and from school, and support school divisions and schools in the area of school travel planning.
   - The Healthy Schools Initiative promotes six priority health topics which are found in the Manitoba Physical Education/Health Education Curriculum. Through Healthy Schools, the department provided funding to the Manitoba Physical Education Teachers' Association to support initiatives aimed at promoting physically active and healthy lifestyles throughout Manitoba schools.

9. Information, resources and support are made available to organizations and Manitobans to prevent and/or mitigate bed bugs.
   - A toll free bed bug enquiry and information line and email provide information, education, support and assistance to Manitobans as well as out-of-province inquiries. Statistics for 2014-15 are as follows:
     - Winnipeg phone enquiries: 1725
     - Outside Winnipeg phone enquiries: 98
     - E-mail enquiries: 342
     - Resources sent out: 5233
   - Manitoba provided 167 bed bug grants for prevention and treatment of bed bugs to non-profit organizations throughout the province.
   - The Bug N Scrub program provides support to vulnerable community members within Winnipeg and Brandon. The program works with a community organization to assist the most vulnerable residents prepare infested units for treatment and to educate Manitobans about preventing the spread of bed bugs. A total of 368 clients received the Bug N Scrub services in 2014-15.
   - The low cost preventative materials program offers a wide variety of specialized bedbug specific materials to qualifying organizations at affordable prices to combat bedbug infestations. Materials include bedbug-proof mattress and box-spring covers; insect monitors/record keepers; insect interceptor traps; dissolvable laundry bags and bedbug warning stickers. A total of 6476 items were ordered by 84 organizations across Manitoba.

6(a) Healthy Living and Healthy Populations

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	1,362	13.00	1,284	78	
Other Expenditures	2,021		2,867	(846)	1
External Agencies	2,405		2,654	(249)	
Total Sub-Appropriation	**5,788**	**13.00**	**6,805**	**(1,017)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Seniors and Healthy Aging Secretariat

The objectives were:

- To maintain or improve the quality of life of Manitoba seniors through supportive and inclusive environments.
- To support seniors in leading active, engaged, safe and secure lives that contribute to healthy aging.
- To respond to the public through the provision of information and referral to programs and services.
- To further enhance the profile and contributions of older Manitobans by providing administrative, research and consultative support to the Manitoba Council on Aging (MCA) and Caregiver Advisory Committee (CAC).

The expected and actual results for 2014/15 included:

1. Provincial policies, programs and services better reflect the needs of seniors and take into account recommended practices from across the country; and, more age-friendly communities achieve milestones and design supportive environments with responsive services for those of all ages.
   - Consulted across all levels of government on issues related to seniors, including accessibility; ageism; community support services to seniors; healthy aging; transportation; the role of elders in early childhood development; employment; older workers and retirement; informal caregiving; falls prevention; homelessness and housing; intergenerational relationships; mental health; persons in care; age-friendly communities; fire safety; violence prevention; and non-insured health services such as vision, dental, and hearing aids.
   - Liaised with Federal/Provincial/Territorial Seniors' Officials regarding inter-jurisdictional seniors' issues, and participated in joint initiatives such as the Aging in Place, Caregiving, Social Isolation and Social Innovation working groups.

2. Manitoba is better positioned and prepared for an aging population.
   - Led the Age-Friendly Manitoba Initiative (AFMI) by supporting new and existing communities in reaching the Age-Friendly Milestones and collaborating with seniors, seniors' organizations, associations, academia, and business to develop and implement age-friendly projects. There are a total of 100 age-friendly communities. The majority are incorporated communities across Manitoba that have joined the (AFMI) and received an orientation on the process of becoming age friendly.
     - Consulted with Age-Friendly Communities. Consultations occurred in Prairieview, Birtle, Boissevain, Dauphin, St. Laurent, and Stuartburn.
     - Supported nine communities in achieving the Age-Friendly Milestones in June 2014. There are now 25 Age-Friendly communities that have been formally recognized in achieving the Age-Friendly Milestones.
     - Developed and led the Age-Friendly Resource Team who provided support o age-friendly communities in getting mobilized, staying motivated and committed in their pursuit of becoming age-friendly; as well as conducting community consultations and assisting in developing community action plans.
       - Hosted, in partnership with the Age-Friendly Resource Team, Age-Friendly Regional Meetings in Central, Eastern, Northern/North Parkland, Mid-Western and Western Association of Manitoba Municipality (AMM) districts.
   - Facilitated the work of the Manitoba Council on Aging by providing research, administrative and consultative support to the Manitoba Council on Aging.

- Held four meetings as mandated by the *Manitoba Council on Aging Act*.
- Hosted a community conversation to elicit feedback from older Manitobans.
- Responded to concerns from older Manitobans.
- Prioritized issues of importance to Manitoban seniors.
- Hosted the MCA Recognition Awards in October 2014 that celebrated the outstanding contributions of older Manitobans.

3. Access to health promotion programs and services that support a continuum of care is improved; intergenerational relationships are more positive; and awareness of elder abuse and supports to prevent and intervene in situations of abuse is enhanced.
   - Partnered with the Active Living Coalition for Older Adults Manitoba in fostering senior leadership through a peer-led speakers bureau and in providing information to improve and maintain the health and well-being of older Manitobans in such areas as falls prevention, nutrition and active living; and in hosting events such as Active Aging Week and the Manitoba 55 Plus Games, where approximately 1000 older adults participate and model healthy active aging.
   - Supported the SafetyAid program which provided 516 home safety and falls prevention audits and offered supplies free of charge in 504 of these homes.
   - Proclaimed Seniors' & Elders' Month as a way of fostering positive intergenerational relationships and demonstrating respect for, and celebrating the accomplishments of, Manitoba seniors. The 2014 kick-off celebration had over 900 older adults in attendance.
   - Supported A&O: Support Services for Older Adults Elder Abuse services and the Safe Suite initiative, a 24 hour Seniors Abuse Support Line; funding to Prevent Elder Abuse Manitoba network; and, increasing education and awareness through training and educational sessions including the Police Academy Older Adult Division and World Elder Abuse Awareness Day.
     - Provided support to help communities plan for the June 2014, World Elder Abuse Awareness Day events. Events were held throughout Manitoba, and the Seniors and Healthy Aging Secretariat (SHAS) continued to support these efforts, including a World Elder Abuse Awareness Day Manitoba website.

4. Older Manitobans have a greater awareness and understanding of government and community programs and services.
   - Provided a central source of information, referral and supportive consultations, through the Seniors Information Line, Seniors and Healthy Aging website, Manitoba Seniors Guide and other publications to seniors, their families, informal caregivers, and senior serving organizations on programs and services throughout Manitoba.
     - Provided referrals to 4,008 telephone enquiries. The number of call increased by approximately 51%, largely as a result of the increased demand for the updated Manitoba Seniors' Guide 2014-15 that was advertised on the radio and in newspapers across the province.
     - Distributed 55,000 publications from April 2014 to March 2015. The increase of approximately 25% in publication requests is the result of increased demand for the updated Manitoba Seniors' Guide 2014-15 that was advertised on the radio and in newspapers across the province.
     - Refreshed the SHAS government website in October 2014, which provides a user friendly approach to finding information online. In 2014/15, there were 100,558 page views on the website.

5. The contributions of older Manitobans and informal/family caregivers are recognized and valued.
   - Promoted awareness and recognition of the importance of informal caregiving by providing support to the Caregiver Advisory Committee.
     - Provided leadership and conducted key activities regarding the implementation of the *Caregiver Recognition Act*.
       - Reprinted and distributed the publication - Guide for the Caregiver.
       - Coordinated a Caregiver Recognition Day as set out in *The Caregiver Recognition Act*.
       - Provided administrative, consultative and research support to the Caregiver Advisory Committee.
       - Proclaimed and celebrated Manitoba Caregiver Recognition Day in April 2014 to empower informal caregivers who are employed with information on programs and services.

- Provided support as the provincial co-chair of the Federal/Provincial/Territorial Ministers Responsible for Seniors' Working Group on Older Workers and Caregiving; the working group explored ways to increase awareness among employers on the challenges faced by their employed caregivers and identify ways to foster caregiver friendly workplaces.

6(b) Seniors and Healthy Aging Secretariat

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	715	10.00	741	(26)	
Other Expenditures	258		251	7	
External Agencies	639		730	(91)	
Total Sub-Appropriation	**1,612**	**10.00**	**1,722**	**(110)**	

Mental Health and Spiritual Health

The objectives were:

- To provide direction and support toward innovation, evidence-based practice and accountability in the mental health system and spiritual health care system in Manitoba, and to reduce health disparities and advance mental wellness.

The expected and actual results for 2014/15 included:

1. A strengthened integrated and coordinated model of mental health promotion, prevention, support and treatment for Manitobans, in partnership and collaboration with people with lived experience of mental health problems and illnesses, family members, service providers and other partners.
   - Launched the Perspectives Provincial Mental Health Advisory Network in November 2014, a province-wide network of individuals with lived experience of mental health problems and illnesses and family members who contribute to provincial level mental health planning.
   - Continued partnering with the Winnipeg Regional Health Authority and other key stakeholders in the development of a provincial evidence-based online child and youth mental health navigation tool.

2. Strong collaboration with a diverse range of stakeholders in policy and program development and in the implementation of provincial strategies.
   - As part of ongoing work related to implementation of Manitoba's provincial strategic plan, Rising to the Challenge, the Mental Health and Spiritual Health Care Branch established the Recovery Champions Committee in April 2014, an intersectoral provincial committee to advise MHHLS on the development and implementation of recovery recommendations stemming from the provincial mental health strategic plan. The goals of the committee are to champion recovery and recovery oriented services throughout all regions of the province, and to influence system transformation, with the mental health system being a first priority.
   - Continued collaboration with the Healthy Child Manitoba Office in the development of a strategy to map out a comprehensive, evidence-based plan in the area of child and youth mental health in Manitoba.
   - Co-hosted the Manitoba Trauma Collaborative Provincial Trauma Forum, in November 2014 with Klinic Community Health Centre, to explore strategies for moving trauma-informed practices and policies forward across all systems with over 250 clinicians and policy makers from across Manitoba.

3. Evidence-based policies for the health sector that reflects concerns of priority populations.
   - Led the department's participation in the Mental Health Commission of Canada's (MHCC) three-year case study research project tracking the adoption of the Psychological Health and Safety standard as the sole provincial government department representative across Canada.
   - Co-led with the Ontario government a Workplace Mental Health Forum, held in Toronto on April 3, 2014, a half-day meeting with Canadian business leaders and provincial and territorial Ministers designed to showcase existing best practices, share resources, discuss strengths and

barriers, and consider how to support scaling up successful psychological health and safety in the workplace.

4. Program excellence and fiscal accountability of provincially-funded mental health programs and services.
   - To ensure strong service delivery and fiscal accountability, the department continued working with mental health agencies contracted through Service Purchase Agreements to provide mental health programs and services to Manitobans, such as peer support and public education.

5. Improved access to mental health services for youth with a focus on Aboriginal youth.
   - In collaboration with regional health authorities and other external stakeholders, the Branch completed its sixth full year of implementation of the initiatives of the Youth Suicide Prevention Strategy with a focus on Aboriginal youth.
   - As part of the Youth Suicide Prevention Strategy, the Branch participated in the development of *Best Practices in School-Based Suicide Prevention: A Comprehensive Approach*, led by consultants in Education and Advanced Learning and Healthy Child Manitoba Office. The document supports schools in developing a whole school approach to suicide prevention planning.
   - Planning continued for the construction of the Northern Youth Crisis Facility in the Northern Health Region to provide a six-bed facility for youth experiencing a mental health crisis or who are in need of stabilization under the *Youth Addictions (Support for Parents) Stabilization Act*.
   - Began the process to identify professional competencies and enhance the training curriculum for the child and adolescent community mental health workforce, in collaboration with the Manitoba Adolescent Treatment Centre and all regional health authorities.

6. Enhanced protective factors and reduced modifiable risk factors with respect to suicide prevention.
   - Continued leadership of the Provincial Suicide Prevention Leadership Committee, an interdepartmental committee aimed at reducing suicide among adults and older adults through policy and program recommendations.

7. Articulation of specific, measurable, attainable, realistic and time-sensitive objectives for a 4- year work plan to guide spiritual health care within Manitoba.
   - Hosted a Provincial Implementation Planning Day with a diverse group of stakeholders and champions of spiritual health care to develop recommendations to inform an action plan for the Provincial Spiritual Health Care Strategic Plan.
   - Drafted a spiritual health care action plan that will enhance spiritual health as part of a holistic model of health care delivery.

8. Continued enhancement of practice in relation to co-occurring mental health and substance use disorders within regional health authorities and provincially-funded mental health services and programs.
   - Led the Provincial Co-occurring Disorders Leadership Team, an intersectoral working group, in the development of recommendations to enhance evidence-based services and support with a focus on complex needs, training and education, and integrated treatment for affected Manitobans.

9. Improved coordination of psycho-social planning, response and recovery in the broader emergency management.
   - Continued development of a planning and process structure to improve communication and coordination strategies amongst partners to integrate psychosocial considerations into the broader emergency management system.
   - Continued planning to identify the psychosocial training needs for people who provide front-line services during emergencies or disasters.

6(c) Mental Health and Spiritual Health

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	767	9.00	707	60	
Other Expenditures	1,162		1,780	(618)	1
External Agencies	2,391		2,413	(22)	
Total Sub-Appropriation	**4,320**	**9.00**	**4,900**	**(580)**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Tobacco Control and Cessation

The objectives were:

- To further reduce tobacco use by Manitobans, by implementing measures aimed at preventing youth from starting to smoke, protecting non-smokers from exposure to second-hand smoke, helping smokers quit, and denormalizing tobacco use.

The expected and actual results for 2014/15 included:

1. Continuation of the ManitobaQuits 'Quit and Win' contest whereby Manitobans who successfully quit smoking are eligible to win cash prizes.
   - The Manitoba Lung Association was contracted with to run the Quit and Win contest in 2014/15 and approximately 900 Manitobans participated in the contest by making an attempt to quit smoking.

2. Continued enforcement of the provisions in *The Non-Smokers Health Protection Act* and increased compliance with the prohibition on supplying tobacco products to minors.
   - Compliance with *The Non-Smokers Health Protection Act* was high in 2014/15 with 380 compliance checks conducted, 572 inspection visits made and 12 charges laid for selling tobacco products to a minor.

3. Enhancement of the Review, Rate and Create program for students in Grades 5-12 which will include reviewing the best anti-smoking ads in the world and creating their own messaging using storyboards.
   - Review and Rate was revised for 2014/15 with a return to the original format involving students voting on the best ad and the airing of the winning ad on Manitoba TV stations for one month. This revision yielded substantial increased school and student participation with an increase of close to 4,000 student entries obtained, for a total of over 14,000 student votes in 2014/15.

4. Expansion of the Students Working Against Tobacco (SWAT) teams in Manitoba schools.
   - SWAT teams were maintained at approximately 50 teams in 2014/15. Expansion was limited by staff capacity and the need to direct significant time and resources to maintaining existing teams that require ongoing support and renewal due to teacher champion turnover and the changing school environment and student interests.

5. Expansion of the school-based teen smoking cessation program, Not On Tobacco (NOT), to focus on Aboriginal schools and teens outside the school system.
   - Two First Nation schools ran the Not On Tobacco (NOT) program in 2014/15 and 4 others expressed an interest in the following school year. The NOT program will be incorporated into a new program called 'In The Nic O Time' in 2015/16 to create greater incentives for teens to quit or reduce their smoking.

6. Continued support for the 1-800 Smokers' Helpline in partnership with Health Canada and the Canadian Cancer Society to offer professional smoking cessation counseling to anyone who calls or registers on-line.
   - The Smokers Helpline was active in 2014/15 with approximately 700 Manitobans accessing the line for smoking cessation counseling and support.

7. Continuation of a project with the Manitoba Tobacco Reduction Alliance (MANTRA) to provide cessation counseling training and other supports to workplaces interested in helping employees quit. Additionally, provide the same support to organizations working with vulnerable people, such as those living with a mental illness or addictions.
   - MANTRA continued to provide cessation counseling training to workplaces and other organizations, including Manitoba Health, Healthy Living and Seniors in 2014/15. Other organizations receiving this support included: Notre Dame Community Workforce, National Microbiology Lab and Winnipeg Transit.

8. Continued support to regional health authorities for hospital and community-based smoking cessation projects.
   - Each RHA received funding for tobacco control initiatives aimed at preventing youth from starting to smoke or assisting smokers with quitting. The WRHA is leading a hospital-based smoking cessation support project aimed at supporting smokers who make a quit attempt in hospital and bridging that support when they are then discharged into the community.

9. Partnering with the Manitoba Pharmaceutical Association to train pharmacists in providing brief intervention counseling to support smoking cessation with their customers.
   - The Manitoba College of Pharmacists completed a pilot project that reimbursed pharmacists for providing smoking cessation counseling and support to those accessing social assistance. The information learned from this pilot will be incorporated into continued smoke free planning and developments.

10. Implementation of a 'Tobacco-free Pledge' project with the Manitoba Lung Association whereby Grade 5 students in an inner city school pledge to be tobacco-free for life and receive specific lessons on prevention of smoking.
    - The Manitoba Lung Association's 'Tobacco-free Pledge' project did not proceed in 2014/15. The initiative will be resumed in 2015/16 to support expansion to new schools and more students in the inner city area of Winnipeg.

6(d) Tobacco Control and Cessation

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	275	3.00	248	27	
Other Expenditures	896		818	78	
External Agencies	166		166	-	
Total Sub-Appropriation	**1,337**	**3.00**	**1,232**	**105**	

Addictions Policy and Support

The objectives were:

- Addictions Policy and Support, through the implementation of "Breaking the Chains of Addictions", Manitoba's Five-Point Strategic Plan, provides leadership, support and direction to the addictions system in Manitoba.
- Its objectives are to work collaboratively with the addictions programs and service providers to:
  - Develop efficient and effective strategies and policies across a continuum from prevention to tertiary care.
  - Provide information, advice and recommendations that support effective planning and decision making.
  - Identify emerging issues, best practices and evidence-informed programming to assist with service development and strategic planning.
  - Develop and support practices that enhance system accountability.

The expected and actual results for 2014/15 included:

1. An integrated, accessible, efficient and effective continuum of services to meet the needs of Manitobans struggling with addiction, substance abuse and problematic gambling.

- River Point Centre opened in June 2014. When fully functional it will be a multi agency facility that incorporates outreach, detox, treatment readiness, residential and post treatment continuing care services as well as transitional housing units. A new addictions system navigation support service was introduced at River Point Centre, offering a toll free addiction helpline and on-site clinicians to assist the public on a walk in basis to locate appropriate addictions resources.
- To ensure Manitobans receive effective services, a client follow up survey was piloted three months post treatment services. Work continues with addictions service providers to implement client follow up surveys as well as with planning to examine outcomes and implement required improvements to better meet client needs.
- A contribution agreement with Health Canada's Drug Treatment Funding Program (DTFP) funding was obtained to continue development of a number of initiatives including:
  - Piloting addictions Screening Brief Intervention and Referral in Primary Care.
  - Establishing common addictions system priorities through knowledge exchange.
  - Enhancing service level performance measurement and evaluation to inform program enhancements.
  - Establishing strategic direction for the addictions system.

2. Increased capacity in addictions residential treatment programs, community-based treatment programs and continuing care.
   - Program capacity was increased with the opening of River Point Centre:
     - Increased capacity for non-medical detox by opening 22 additional beds;
     - increase in residential treatment capacity for adult males by adding an additional 2 beds; and
     - New outreach and treatment readiness programming.
   - Service providers have increased their capacity to work together as a system through opportunities to meet, network, collaborate and exchange information through knowledge exchange events.
   - The DTFP Performance Measurement and Evaluation Project has increased service provider capacity to monitor and evaluate their services and inform future program enhancements.

3. A responsive and flexible system that improves Manitobans' access to addictions, substance abuse and problematic gambling services in Manitoba.
   - Completed phase two of the development of a central access and information service Phase One resulted in the development and launch of a toll free information and service navigation line for adult addictions services. Phase Two, completed in June 2014, is a unit staffed with clinicians to assist individuals with information related to addiction as well as assistance with service navigation and connection. The service is based on the concept that an appointment is not necessary to meet with a clinician.

4. Existence of evidence-based policies and programming throughout all levels of addictions, substance abuse and problem gambling services.
   - Site visits undertaken by department staff with all service agencies. Site visits include a review of policies and service purchase agreement expectations.
   - Funding was obtained through DTFP to continue the Knowledge Exchange Initiative, which includes a focus on incorporating evidence informed practices in treatment services.

6(e) Addictions Policy and Support

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Salaries and Employee Benefits	298	3.00	291	7	
Other Expenditures	214		58	156	
External Agencies	6,627		6,838	(211)	
Total Sub-Appropriation	**7,139**	**3.00**	**7,187**	**(48)**	

Addictions Foundation of Manitoba

The objectives were:

- The Addictions Foundation of Manitoba (AFM) operates in accordance with *The Addictions Foundation Act*. AFM is governed by a Board of Governors whose members are appointed through a Lieutenant Governor's Order in Council. The purpose of the board is to establish organizational direction and vision, through the CEO, to ensure that organizational objectives are attained.
- AFM's objective is to contribute to the health and resilience of Manitobans by providing addictions services and supporting healthy behaviours.

The expected and actual results for 2014/15 included:

1. Implementation of AFM's three year strategic plan, renewed in 2013/14.
   - AFM continued to make significant strides toward achieving strategic objectives including initiating and completing reviews of programs and policies; increasing training and professional development opportunities for staff; and fostering collaborative partnerships with other addictions agencies in Manitoba.

2. Development of unit work plans that relate to the organization's goals to be client centered, efficient and consistent across the organization.
   - Through program and policy reviews and subsequent revisions, program areas across AFM have developed new and innovative work plans resulting in higher quality, client-centred service provided in more efficient and effective ways, more consistently across AFM.

3. Development of clear, simple measures of AFM objectives.
   - For 2014/15, each program area developed and implemented specific, measureable deliverables for moving forward the strategic priorities.

4. Establishment of a process for monitoring, measuring and reporting on progress toward the goals and objectives outlined in the strategic plan.
   - AFM utilized PEAK software to support more efficiently and effectively tracking progress toward strategic objectives and reporting to the Board of Governors.

5. Maintenance of accreditation status.
   - In November 2014, an onsite survey of AFM was conducted by Accreditation Canada, leading to a positive accreditation report in December 2014.

6. Development and implementation of a process to identify and incorporate best, emerging and evidence-based practices.
   - In 2014/15, AFM's Knowledge Exchange Centre continued to support continuous improvement and evidence-informed planning in addictions services across Manitoba.

7. Updated human resource policies and procedures.
   - AFM has developed a plan for completing a comprehensive review of all human resource policies and procedures by 2017. In 2014/15, a number of human resource policies and procedures were reviewed and updated.

8. Implementation of information technology updates.
   - In 2014/15, AFM continued with implementing recommendations from an external review of its information technology and management systems.

9. Implementation of new organizational and decision-making structures that enable more effective operations and support the strategic plan.
   - The new organizational structure established in 2013/14 was maintained in 2014/15. Policies and procedures were and continue to be reviewed and updated to reflect appropriate decision-making processes and authorities.

10. Provision of information, education and support services regarding addictions and substance abuse to clients, partner organizations and the public.

- The AFM provides educational courses and workshops in partnership with the University of Manitoba's Applied Counselling Certificate Program. The AFM also provides public education workshops in schools, community centres, workplaces and other locations.
- AFM continued to maintain websites with a wide range of addictions related information, including resources geared to youth, adults, service providers, parents and educators that provide factual information on substances, problem gambling, addictions and supportive services available.
- AFM's Resource Collection is the most comprehensive information source on substance use and misuse, problem gambling and related issues in Manitoba. It offers up-to-date, reliable information on issues, trends and research in the addictions field. Membership is free and available to all Manitobans.
- AFM continued to provide printed publications in the form of brochures and pamphlets with information on substances, problem gambling, addictions and supportive services available.

11. Provision of residential, community-based and school-based services to Manitobans with issues related to alcohol, drugs and problem gambling.
    - In 2014/15, AFM provided addictions treatment services to 17,398 Manitobans.
    - AFM provides a wide range of addictions treatment services for Manitobans struggling with an addiction or with someone else's addiction. AFM offers services for adults and youth and has gender specific programming available in Winnipeg. AFM provides residential, community-based and school-based services through 25 facilities located across Manitoba.
    - AFM provides a wide range of addictions treatment services for Manitobans struggling with an addiction or with someone else's addiction. AFM offers services for adults and youth and has gender specific programming available in Winnipeg. AFM provides residential, community-based and school-based services through 27 locations in communities across Manitoba.

12. Enhance mental health capacity and collaboration with mental health service providers.
    - In 2014/15, AFM initiated the development of a mental health first aid training program that will be rolled out in 2015/16. Research into implementing a trauma-informed approach within AFM and to support the broader additions system began in 2014/15 and continues.

13. Strengthen partnerships with other addictions organizations and community supports.
    - AFM hosted forums/networking days with addictions and other community partners.
    - AFM continued to collaborate with River Point Centre co-location organizations, Behavioural Health Foundation and Main Street Project, to provide a broad spectrum of addictions services in one location.
    - In 2014/15, AFM continued to work with partner addictions organizations on the enhancement of the addictions system navigation support service.

6(f) Addictions Foundation of Manitoba

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	FTE	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Program Delivery	28,387		28,611	(224)	
Problem Gambling Services	3,238		3,238	-	
Less: Third Party Recoveries	(1,633)		(1,633)	-	
Less: Recoveries from Manitoba Lotteries Corporation	(7,338)		(7,338)	-	
Total Sub-Appropriation	**22,654**	**-**	**22,878**	**(224)**	

Health Services Insurance Fund

The Manitoba Health Services Insurance Fund provides for program costs related to payments to health authorities and other organizations for acute and long-term care, home care, community and mental health and emergency medical response and transportation services. The Fund also provides direct payments to providers of insured services and individuals claiming reimbursement of expenditures. This includes Provincial Health Services, the Medical Program and Pharmacare.

Funding to Health Authorities

- Acute Care Services
- Long-Term Care Services
- Home Care Services
- Community and Mental Health Services
- Emergency Response and Transport Services

The objectives were:

- Health authorities (regional health authorities, CancerCare Manitoba and Diagnostic Services of Manitoba Inc.) provide a service delivery system that responsively, efficiently and effectively meets the needs of their populations and is balanced in an affordable and sustainable manner.

The expected and actual results for 2014/15 included:

1. Allocated funds will be utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act* and *The CancerCare Manitoba Act*.
    - Funding allocated to health authorities and other agencies was utilized in accordance with *The Regional Health Authorities Act, The Health Services Insurance Act and The CancerCare Manitoba Act* with respect to the cost of hospital services, medical services and other health services provided in Manitoba.

2. Financial and statistical information will be provided by the health authorities as defined by the department.
    - Health authorities and other agencies complied with the department's financial and statistical reporting requirements through submission of information that included but was not limited to: management information system data, monthly financial forecast reports, annual reports, patient wait time data, and labour vacancy data.

3. Regional health authorities (RHAs) and CancerCare Manitoba (CCMB) undertake legislated accountability measures including the assessment of health needs, strategic planning, health planning and accreditation.
    - All RHAs and CCMB have completed and posted community health assessment reports in compliance with *The Regional Health Authorities Act*.
    - RHAs were in compliance with accreditation regulation and guidelines, including submission of report to government, and public posting of results.

4. Implementation of strategic efforts and health plans is planned and managed with consideration to affordability and sustainability.
    - Representatives from all regions participated in the EMS review task force for the purpose of planning and implementation of strategic efforts in alignment with regional and MHHLS goals.
    - Executive management in several RHAs ensured alignment between regional strategic planning and Lean Six Sigma efforts.
    - RHAs continued to use community health assessment findings in guiding decision making in service provision.
    - RHAs prepared regional health plans in accordance with provincial guidelines.

5. A service delivery system that meets the needs of Manitobans.
    - All regions' emergency medical services systems plan deployment models are based on statistical analysis of historic call volumes and adjust practice to ensure the service meets the needs of communities.
    - All RHAs implemented Local Health Involvement Groups (LHIGs).
    - Supportive Housing units in the Province were expanded with the opening of 12 units in Oakbank.

- All regions received funding approval through the New and Innovative Rehabilitation Project initiative for the development of targeted rehabilitation initiatives. Funding for this initiative enabled regions to hire additional heath care providers to provide timely follow up for patients requiring home-based rehabilitation with the goal of allowing Manitobans to remain in their homes as long as possible.
- Enhanced community based supports such as home care service level and specialized supports in follow up to initiatives started in 2012/2013 and implemented over three years. Additionally, Winnipeg region further developed three hospital home teams, which provide intensive, home-based services in the community.
- The Winnipeg Regional Health Authority/Manitoba Renal Program increased renal capacity in Winnipeg for 24 additional patients with the addition of eight renal dialysis stations at Seven Oaks General Hospital.
- Diagnostic Services Manitoba introduced leading-edge technology called liquid-based cytology to improve cervical cancer screening and non-gynecological diagnostic testing.
- CCMB and the RHAs established four Regional Cancer Program Hubs in The Pas, Thompson, Steinbach and Winnipeg and hired physicians, patient navigators, and psychosocial clinicians to support cancer patients and navigate their journey from suspicion, to diagnosis, and on to treatment.

6. Health authorities are compliant with provincial legislation, departmental policies, standards, reporting requirements and guidelines of core health services.
   - Ensured RHAs and agencies were compliant with critical incident reporting legislation.
   - Monitored and ensured all regions had ambulance and station inspections in compliance with standards and regulations.
   - Monitored and ensured compliance with personal care home licensing requirements and standards.
   - Reviewed regional health authorities accountability monitoring requirements.
   - Monitored and ensured compliance with Chief Executive Officer/Designated Senior Officer annual expense-reporting requirements.

7(a) Funding to Health Authorities

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Acute Care Services	2,219,096	2,225,242	(6,146)	1
Long Term Care Services	622,159	592,267	29,892	2
Home Care Services	342,088	333,530	8,558	2
Community and Mental Health Services	263,752	240,749	23,003	2
Emergency Response and Transport Services	91,760	72,730	19,030	2
Third Party Recoveries	(17,280)	(17,385)	105	
Reciprocal Recoveries	(58,495)	(65,977)	7,482	3
Recoverable from Urban Development Initiatives	(2,000)	(2,000)	-	
Total Sub-Appropriation	**3,461,080**	**3,379,156**	**81,924**	

Explanation Number:

1. Primarily due to price and volume increases, offset by a re-distribition of the 2014/15 funding in 21-7a.

2. Primarily due to price and volume increases and a re-distribution of the 2014/15 funding within 21-7a.

3. Primarily due to lower volumes.

Provincial Health Services

Provincial Health Services is comprised of the following:

Hospital – Out Of Province

The objectives were:

- To provide payment to, or on behalf of, residents of Manitoba for insured hospital services required while temporarily out of the province, and to recover funds from other provinces when Manitoba hospitals provide in-patient and out-patient services to other Canadian residents.

The expected and actual results for 2014/15 included:

1. Manitoba residents receive out-of-province coverage for benefits to which they are entitled under the provincial health plan.
   - Benefits in relation to insured hospital services required while temporarily out of the province were provided to residents of Manitoba.

2. The portability requirements of the *Canada Health Act* are fulfilled.
   - The requirement of portability for benefits under the *Canada Health Act* was fulfilled.

Blood Transfusion Services

The objectives were:

- To ensure appropriate funding to the Canadian Blood Services for Manitoba's share of the cost for the provision of a safe, reliable and adequate blood supply for Manitobans and Canadians (except Quebec).
- To ensure appropriate use of funding by the Canadian Blood Services, Diagnostic Services of Manitoba, regional health authorities and Manitoba physician's in the provision of safe, reliable and appropriate transfusion services to Manitobans.

The expected and actual results for 2014/15 included:

1. Timely and accurate payments to Canadian Blood Services for manufacturing operating costs.
   - Payment for blood occurred to facilitate timely delivery of safe, reliable and affordable quality blood products to regional health authorities (RHAs), facilities and physicians.

2. Timely and accurate payments for appropriate transfusion related laboratory testing services required by Manitoba hospitals and physicians.
   - Payment for eligible laboratory services occurred to facilitate timely delivery of laboratory services to Canadian Blood Services, regional health authorities (RHAs), facilities and physicians.

3. Timely and accurate payments to Canadian Blood Services for appropriate procurement and distribution costs of plasma derived products ordered by Manitoba physicians.
   - Payment for plasma derived products occurred to facilitate timely delivery of safe, reliable and affordable quality plasma derived products to regional health authorities (RHAs), facilities and physicians.

4. Timely and accurate payments to Manitobans eligible for the Multi-Provincial Territorial Assistance Plan (MPTAP).
   - Continued work with the Canadian Blood Agency (CBA) to ensure timely and accurate provision of financial assistance to Manitobans meeting the eligibility criteria for the Multi Provincial Territorial Assistance Program (MPTAP).

Federal Hospitals

The objectives were:

- To provide funding for services in two federal hospitals and 22 federal nursing stations.

The expected and actual results for 2014/15 included:

1. Two federal hospitals and 22 federal nursing stations are funded for services provided.
   - Two federal hospitals and 22 federal nursing stations were funded for services provided.

Prosthetic and Orthotic Devices (Ancillary Programs)

The objectives were:

- To manage and administer payment of benefits for assistive devices as prescribed under *The Health Services Insurance Act*.

The expected and actual results for 2014/15 included:

1. Payment for benefits for eligible Manitobans who require assistive devices for daily living.
   - Payments were made for benefits to eligible Manitobans who required assistive devices for daily living.

Healthy Communities Development

The objectives were:

- To direct health care system resources to more appropriate and less costly alternatives, with a particular emphasis on prevention and health promotion.

The expected and actual results for 2014/15 included:

1. Development of a more effective and affordable health care system through the funding of initiatives.
   - Invested in a number of initiatives designed to promote an effective and sustainable health care system. Specific examples would be activities approved through the Manitoba Patient Access Network and Cross Departmental Coordination Initiatives.

Nurses Recruitment and Retention

The objectives were:

- The Nurses Recruitment and Retention Fund (NRRF) is committed to enhancing the delivery of health services in the province of Manitoba, by addressing issues of nursing supply.

The expected and actual results for 2014/15 included:

1. Improved supply and retention of nurses in Manitoba and increased interest in nursing as a profession through incentive programs and marketing strategies.
   - In 1999, the Nurses Recruitment and Retention Fund (NRRF) was established to assist with the recruitment and retention of RNs, RPNs and LPNs in Manitoba, and later nurse practitioners. The grants have helped nurses offset the cost of relocating in order to become registered to work in Manitoba, as well as offering financial support to encourage nurses to work in rural and northern regions and other areas of need to enhance the delivery of health care services across the province.
   - In fiscal year 2014/15 the NRRF provided relocation cost assistance to 106 nurses. Since its inception, this grant has assisted almost 2,000 nurses who have moved to Manitoba from out of province.
   - The Conditional Grant encourages eligible new nursing graduates to consider their first employment opportunities in a rural or northern location, in exchange for return of service. In fiscal year 2014/15 this grant was disbursed to 160 nurses. Since its establishment in 2004, the Conditional Grant has been received by over 1,000 new nursing graduates.
   - In 2014, the NRRF provided grants to 457 nurses in exchange for a one-year return of service.
   - In 2014/15 a total of 18 nurse practitioner students/graduates received the Nurse Practitioner Education Grant in exchange for a return of service in a rural or northern community.

Manitoba Centre for Health Policy

The objectives were:

- To support policy evaluation and research on priority health issues for Manitoba Health, Healthy Living and Seniors.
- To support knowledge translation of research findings to decision makers.

The expected and actual results for 2014/15 included:

1. Five major deliverables for Manitoba Health, Healthy Living and Seniors that provide an analysis and assessment of priority health issues in Manitoba.

- Evaluation of the PAX Good Behaviour Game and Long-term Outcomes (Part 1).
- Alcohol and the associated health and healthcare burden in Manitoba.
- Outpatient oral cancer medications in Manitoba.
- Homecare: (a) data acquisition and validity; (b) an exploration of the use of homecare by Manitobans.
- High utilisers of health services for Primary Care Network (My Health Team) planning.

2. Two to three workshop days annually, focused on the research findings and policy relevance to the health care system.
   - Regional Health Authority Workshop.
   - Winnipeg Regional Health Authority Workshop.
   - Manitoba Health, Healthy Living & Seniors Workshop.

Selkirk Mental Health Centre

The objectives were:

- To provide specialized inpatient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose challenging needs cannot be met elsewhere in the provincial health care system.

The expected and actual results for 2014/15 included:

1. Reduction in incidents of seclusion and restraints placed on patients, reduced patient and staff injuries, improved patient morale and better patient recovery.
   - SMHC promotes a Least Restraint philosophy and education is provided to staff members to ensure they understand what that means in practice as it relates to SMHC's patient population and environment. Staff members are encouraged to focus on using alternative interventions – with seclusion being used as a last resort for patient and staff safety.
   - Ongoing support and education is being provided by leaders and treatment team members on de-escalation techniques and interventions to reduce agitation and aggression.
   - Program Leaders lead discussions/debriefings of occurrences involving seclusion and always ask why seclusion is being used and give positive reinforcement for alternative interventions.
   - SMHC completed an audit of Seclusion and Restraint Events for 2014 as compared to 2013 to determine the effectiveness of the Reduction Strategies.
     - The results highlighted a centre-wide reduction in Seclusion Events by 54% and total time in Seclusion decreased by 67%.
   - The Seclusion and Restraint Reduction Task Team has identified Trauma Informed Care Training as a key component of SMHC's Seclusion and Restraint Reduction Initiative.
   - SMHC has a Trauma Informed Care Trainer on-site and is working on developing a Trauma Informed Care Team, which will be led by a psychologist.
   - SMHC has moved towards a Primary Care Nursing model with increased nurse to patient ratios which will improve the therapeutic rapport that has been shown effective in reducing seclusion and restraint use.
   - Personal Safety Plans are completed for all SMHC patients.

2. More patient care modules are implemented in the clinical application system.
   - The electronic Patient Recovery Plan was implemented on patient care areas with the first plan completed in July 2014.
   - The electronic Order Capture module is being revised to include the electronic medication reconciliation process and regular medication reviews.
   - The electronic Medication Administration Record has been designed and built. This module will be rolled out with the Order Capture Module.

3. Improved clinical care systems and processes.
   - The pharmacy software module is close to completion with implementation scheduled for 2015/16.
   - Interface development between the pharmacy software module and the medication packaging machine and dispensing cabinets is underway with completion planned for 2015/16.

- Medication reconciliation continues to be a priority for Pharmacy and discharge counseling is being completed by pharmacists, although temporarily on a reduced basis until all resources are back to full complement.

4. Improved patient safety.
   - SMHC has been identifying the business requirements for the dietary software tendering process with Information Systems Branch, which is nearing completion. Part of the process included the development of several process maps of various food services and dietary processes to gain a better understanding of SMHC's software needs.

5. Continued development of relationships with community partners to increase patient flow-through and improve access to beds.
   - SMHC's Role Statement consultation sessions with stakeholders were completed in March 2015. The draft report is complete and will be reviewed at the June 2015 Role Statement Steering Committee meeting.
   - SMHC is working with the regional health authorities to better understand the resources that are available in communities so program staff can help patients reach realistic living arrangement goals. An inventory of these provincial mental health resources is being developed by SMHC which will be shared with stakeholders and help inform the Mental Health Strategic Action Plan.
   - SMHC is also working with the Program for Assertive Community Treatment (PACT) Winnipeg West in assisting with the closure of the Extended Treatment Unit at the Grace Hospital.

7(b) Provincial Health Services

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Out-of-Province	46,759	53,726	(6,967)	1
Blood Transfusion Services	61,380	58,797	2,583	2
Federal Hospitals	2,059	2,579	(520)	1
Ancillary Programs	18,281	17,325	956	2
Healthy Communities Development	4,624	6,385	(1,761)	3
Nursing Recruitment and Retention Initiatives	434	3,730	(3,296)	1
Manitoba Centre for Health Policy	2,200	2,200	-	
Selkirk Mental Health Centre	43,949	42,039	1,910	
Total Sub-Appropriation	**179,686**	**186,781**	**(7,095)**	

Explanation Number:

1. Primarily due to lower price and volumes.

2. Primarily due to higher volumes.

3. Primarily due to delays in projects.

Medical

The objectives were:

- To provide payment to, or on behalf of, residents of Manitoba for services insured under the Manitoba Health Services Insurance Plan in respect of fee-for-service claims submitted by physicians (including out-of-province physicians), optometrists, chiropractors and oral and maxillofacial surgeons and licensed dentists.
- To provide funding support through the physician recruitment and retention programs, including the Physician Resource Coordination Office, towards the training, recruitment and retention of physicians in Manitoba.

The expected and actual results for 2014/15 included:

1. Claims will be adjudicated in accordance with *The Health Service Insurance Act* and its regulations.
   - Processed and paid approximately 12.8 million claims in relation to approximately 26.8 million services provided by medical practitioners, optometrists, chiropractors, and oral surgeons.
   - Total services included approximately 25.3 million physician services, 538,128 optometric services, 941,088 chiropractic services, and 6,397 oral surgery services.

2. Continuation of RHA and University of Manitoba medical school programs funded by the physician recruitment and retention programs.
   - MHHLS increased funding to the University of Manitoba Medical School for first year residency positions up to 148 seats in 2013/14.
   - HWS worked directly with the University of Manitoba Faculty of Health Sciences, College of Medicine, to determine the allotment of funded residency positions in all medical program areas.
   - The Provincial Specialist Recruitment Fund provided forty-one (41) grants to physicians.
   - The Provincial Specialist Settlement Fund provided thirty-six (36) grants to physicians.
   - The Medical Licensure Program for International Medical Graduates (MLPIMG) program trained 19 physicians.
   - The International Medical Graduates Assessment for Conditional Licensure program assessed three (3) physicians.
   - The Non-Registered Specialist Assessment Program (NRSAP) assessed seven (7) specialists.

7(c) Medical

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures				
Physician Services	1,150,704	1,126,142	24,562	1
Other Professionals	28,332	27,717	615	
Out of Province Physicians	30,349	31,328	(979)	
Physician Recruitment and Reten	24,038	31,457	(7,419)	2
Third Party Recoveries	(9,796)	(10,003)	207	
Reciprocal Recoveries	(16,924)	(16,121)	(803)	
Total Sub-Appropriation	**1,206,703**	**1,190,520**	**16,183**	

Explanation Number:

1. Primarily due to volume increase.

2. Primarily due to price and volume decreases.

Pharmacare

The objectives were:

- To fund pharmaceutical benefits subject to *The Prescription Drugs Cost Assistance Act* and Regulations and *The Pharmaceutical Act* and Regulations to protect the residents of Manitoba from financial hardship due to expenses for eligible prescription drugs.

The expected and actual results for 2014/15 included:

1. Payment for eligible pharmaceutical benefits for program beneficiaries.
   - Deductible rates in 2013/14 ranged from a minimum of $100 or 2.91% to a maximum of 6.60% for incomes greater than $75,000.
   - Although there was a 3.1% decrease in the number of families who received Pharmacare benefits in 2014/2015, the average benefit per family increased to $3,172 (up 0.52% from 2013/2014). Drug costs increased by 1.9% overall.

7(d) Pharmacare

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Other Expenditures	247,612	269,060	(21,448)	1
Total Sub-Appropriation	**247,612**	**269,060**	**(21,448)**	

Explanation Number:

1. Primarily due to volume decreases.

Capital Funding

Capital Funding provides funding to health authorities for principal repayment on approved borrowing, equipment purchases, and other capital expenditures.

The objectives were:

- To provide funding for capital projects, specialized and basic equipment purchases, and information technology initiatives approved by the department, in accordance with the department's Capital Plan, for regional health authorities (RHAs), Diagnostic Services of Manitoba (DSM), CancerCare Manitoba (CCMB), and Manitoba eHealth (eHealth) through the provision of principal repayment on approved borrowings, outright capital payments, and outright equipment payments.

The expected and actual results for 2014/15 included:

1. Change in principal repayments for approved borrowings in this fiscal year for the acquisition, construction and renovation of physical assets, specialized equipment and information technology to support the infrastructure of the health care system in accordance with the department's Capital Plan as projects are completed.
   - The 2014/15 principal payments increased by $812,000 from 2013/14 to provide for appropriate principal reduction on approved borrowings for the acquisition, construction, and renovation of physical assets, specialized equipment, and information technology to support the infrastructure of the health care system.

2. Modification in principal repayments as the result of approved borrowings on specific projects being fully repaid.
   - The actual 2014/15 principal payments increase was $1,875,000 as the result of approved borrowings for approved capital projects being fully repaid.

3. Payment for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB on a timely basis and in accordance with approved funding levels.
   - The expected outright payments in 2014/15 for the acquisition of approved specialized and basic equipment to RHAs, DSM and CCMB were $17,476,000. Actual payments for approved specialized and basic equipment to RHAs, DSM and CCMB consisted of $9,967,000 outright payments and $7,509,000 provided through approved borrowings.

4. Payment of outright funding for approved capital projects to RHAs, DSM and CCMB in accordance with the department's Capital Plan.
   - Total outright payments to RHAs, DSM and CCMB for 2014/15 for approved capital projects were expected to be $7,700,000. Actual outright payments to RHAs, DSM and CCMB for 2014/15 for approved capital projects are $5,674,000. Outright funding reduces the need for funding through approved borrowings.

8(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	72,529	73,874	(1,345)	
Long Term Care	14,779	16,632	(1,853)	1
Community and Mental Health Services	4,152	4,382	(230)	
Total Sub-Appropriation	**91,460**	**94,888**	**(3,428)**	

Explanation Number:

1. Primarily due to fewer project completions.

8(b) Equipment Purchases and Replacements

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	8,516	14,573	(6,057)	1
Long Term Care	1,451	2,903	(1,452)	1
Total Sub-Appropriation	**9,967**	**17,476**	**(7,509)**	

Explanation Number:

1. Primarily due to the transfer of equipment purchases to the Loan Act Authority.

8(c) Other Capital

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	3,725	3,950	(225)	
Long Term Care	1,949	3,750	(1,801)	1
Total Sub-Appropriation	**5,674**	**7,700**	**(2,026)**	

Explanation Number:

1. Primarily due to decreased project approvals.

8(d) Interest

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Acute Care	38,137	43,894	(5,757)	1
Long Term Care	5,666	7,279	(1,613)	1
Community and Mental Health Services	3,297	3,673	(376)	1
Total Sub-Appropriation	**47,100**	**54,846**	**(7,746)**	

Explanation Number:

1. Primarily due to delays in projects.

Costs Related to Capital Assets

The objectives were:

- To provide for the amortization of capital assets.
- To provide for interest expense related to capital investment borrowing.

The expected and actual results for 2014/15 included:

1. The systematic write-off to expense of the cost of an asset over its expected economic useful life.
   - Amortization of the costs of assets over the useful life of the asset was done in accordance with pre-established timelines.

2. The payment of interest expense on capital investment borrowing.
   - The interest expenses related to capital investment borrowing was paid in accordance with pre-established timelines.

9 Costs Related to Capital Assets

Expenditures by Sub-Appropriation	Actual 2014/15 $(000's)	Estimate 2014/15 $(000's)	Variance Over(Under) $(000's)	Expl. No.
Amortization Expense	3,521	4,262	(741)	1
Interest Expense	696	1,052	(356)	1
Total Sub-Appropriation	**4,217**	**5,314**	**(1,097)**	

Explanation Number:

1. Primarily due to delays in the completion of planned projects.

Capital Investments

The objectives were:

- To ensure the department's Capital Investment Authority reflects the costs for priority health information technology capital initiatives.
- The acquisition of medical related equipment.

The expected and actual results for 2014/15 included:

1. Recognition of capital costs associated with the development of priority health information technology capital initiatives.
   - No projects were undertaken in 2014/15.

2. Provision of technology solutions that address health priorities.
   - No projects were undertaken in 2014/15.

3. Upgraded medical equipment.
   - Manitoba Health, Healthy Living and Seniors acquired new medical equipment to replace obsolete equipment and improve efficiency for Cadham Provincial Laboratory and Selkirk Mental Health Centre.

Financial Report Summary Information — Part 1

Manitoba Health, Healthy Living and Seniors
Reconciliation Statement
April 1, 2014 – March 31, 2015

DETAILS	2014/15 ESTIMATES ($000s)
2013/14 Main Estimates:	5,382,077
Allocation of Funds from: Enabling Appropriations	-
2014/15 Estimates:	**5,382,077**

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-1	**Administration and Finance**				
74	21 1a	Ministers' Salaries	74	74	-	
	21-1b	Executive Support				
1,292		1 Salaries and Employee Benefits	1,413	1,506	(93)	
218		2 Other Expenditures	161	167	(6)	
	21-1c	Finance				
6,645		1 Salaries and Employee Benefits	6,611	6,704	(93)	
1,419		2 Other Expenditures	1,260	1,191	69	
	21-1d	Central Services				
514		1 Salaries and Employee Benefits	702	705	(3)	
296		2 Other Expenditures	122	212	(90)	
518		3 External Agencies	417	405	12	
10,976		**Total Appropriation 21-1**	**10,760**	**10,964**	**(204)**	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2	**Provincial Policy and Programs**				
	21-2a	Administration				
238		1 Salaries and Employee Benefits	275	265	10	
52		2 Other Expenditures	69	91	(22)	
	21-2b	Information Systems				
4,449		1 Salaries and Employee Benefits	4,092	4,463	(371)	
913		2 Other Expenditures	619	590	29	
5,036		3 Provincial Program Support Cost	5,009	5,428	(419)	
	21-2c	Provincial Drug Programs				
2,531		1 Salaries and Employee Benefits	2,295	2,304	(9)	
522		2 Other Expenditures	707	603	104	
	21-2d	Corporate Services				
1,374		1 Salaries and Employee Benefits	1,520	1,290	230	1
733		2 Other Expenditures	759	632	127	
395		3 External Agencies	425	395	30	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-2e	Capital Planning				
897		1 Salaries and Employee Benefits	821	829	(8)	
205		2 Other Expenditures	157	186	(29)	
	21-2f	Drug Management Policy Unit				
831		1 Salaries and Employee Benefits	590	558	32	
172		2 Other Expenditures	1,691	1,505	186	
424		3 External Agencies	410	405	5	
	21-2g	Cadham Provincial Laboratory Services				
8,333		1 Salaries and Employee Benefits	9,004	8,686	318	
8,612		2 Other Expenditures	7,477	6,939	538	
35,717		**Total Appropriation 21-2**	**35,920**	**35,169**	**751**	

Explanation Number:

1. Primarily due to miscellaneous salary over-expenditure.

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-3	**Health Workforce Secretariat**				
	21-3a	Administration				
770		1 Salaries and Employee Benefits	611	666	(55)	
810		2 Other Expenditures	977	873	104	
	21-3b	Contracts and Negotiations				
871		1 Salaries and Employee Benefits	832	751	81	
366		2 Other Expenditures	296	232	64	
	21-3c	Health Human Resource Planning				
754		1 Salaries and Employee Benefits	632	627	5	
115		2 Other Expenditures	45	67	(22)	
223		3 External Agencies	181	184	(3)	
	21-3d	Fee-for-Service / Insured Benefits				
5,425		1 Salaries and Employee Benefits	5,748	5,610	138	
1,771		2 Other Expenditures	1,345	1,179	166	
11,105		**Total Appropriation 21-3**	**10,667**	**10,189**	**478**	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4	**Public Health and Primary Health Care**				
	21-4a	Administration				
280		1 Salaries and Employee Benefits	206	171	35	
323		2 Other Expenditures	295	310	(15)	
	21-4b	Public Health				
13,280		1 Salaries and Employee Benefits	12,408	11,737	671	
5,453		2 Other Expenditures	4,759	4,595	164	
15,343		3 Vaccines	17,178	15,927	1,251	
12		4 External Agencies	-	-	-	
	21-4c	Federal / Provincial Policy Support				
486		1 Salaries and Employee Benefits	548	401	147	
41		2 Other Expenditures	39	30	9	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-4d	Aboriginal and Northern Health Office				
3,238		1 Salaries and Employee Benefits	3,016	2,749	267	
3,012		2 Other Expenditures	3,922	3,362	560	1
724		3 External Agencies	724	724	-	
	21-4e	Primary Health Care				
1,231		1 Salaries and Employee Benefits	1,248	1,346	(98)	
3,910		2 Other Expenditures	3,434	3,208	226	
204		3 External Agencies	204	102	102	
47,537		**Total Appropriation 21-4**	**47,981**	**44,662**	**3,319**	

Explanation Number:

1. Primarily due to miscellaneous operating over-expenditure.

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5	**Regional Policy and Programs**				
	21-5a	Administration				
312		1 Salaries and Employee Benefits	333	301	32	
54		2 Other Expenditures	74	110	(36)	
881		3 External Agencies	881	881	-	
	21-5b	Health Emergency Management				
2,000		1 Salaries and Employee Benefits	2,309	2,241	68	
16,339		2 Other Expenditures	16,047	15,307	740	
23		3 External Agencies	21	20	1	
	21-5c	Provincial Cancer and Diagnostic Services				
735		1 Salaries and Employee Benefits	977	748	229	
272		2 Other Expenditures	281	256	25	
50		3 External Agencies	38	50	(12)	

Manitoba Health, Healthy Living and Seniors
Expenditure Summary
for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-5d	Continuing Care				
1,063		1 Salaries and Employee Benefits	1,018	1,069	(51)	
144		2 Other Expenditures	121	142	(21)	
	21-5e	Acute, Tertiary and Specialty Care				
2,333		1 Salaries and Employee Benefits	2,064	1,937	127	
744		2 Other Expenditures	289	581	(292)	
820		3 External Agencies	819	818	1	
	21-5f	Chief Provincial Psychiatrist				
452		1 Salaries and Employee Benefits	477	484	(7)	
55		2 Other Expenditures	54	43	11	
26,277		**Total Appropriation 21-5**	**25,803**	**24,988**	**815**	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6	**Healthy Living and Seniors**				
	21-6a	Healthy Living and Healthy Populations				
1,284		1 Salaries and Employee Benefits	1,362	1,215	147	
2,867		2 Other Expenditures	2,021	1,867	154	
2,654		3 External Agencies	2,405	2,534	(129)	
	21-6b	Seniors and Healthy Aging Secretariat				
741		1 Salaries and Employee Benefits	715	763	(48)	
251		2 Other Expenditures	258	205	53	
730		3 External Agencies	639	727	(88)	
	21-6c	Mental Health and Spiritual Health				
707		1 Salaries and Employee Benefits	767	708	59	
1,780		2 Other Expenditures	1,162	1,388	(226)	1
2,413		3 External Agencies	2,391	2,384	7	

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-6d	Tobacco Control and Cessation				
248		1 Salaries and Employee Benefits	275	327	(52)	
818		2 Other Expenditures	896	977	(81)	
166		3 External Agencies	166	166	-	
	21-6e	Addictions Policy and Support				
291		1 Salaries and Employee Benefits	298	336	(38)	
58		2 Other Expenditures	214	479	(265)	
6,838		3 External Agencies	6,627	6,627	-	
	21-6f	Addictions Foundation of Manitoba				
28,611		1 Program Delivery	28,387	26,011	2,376	
3,238		2 Problem Gambling Services	3,238	3,238	-	
(1,633)		3 Less: Third Party Recoveries	(1,633)	(1,633)	-	
(7,338)		4 Less: Recoveries from Manitoba Lotteries	(7,338)	(7,338)	-	
44,724		**Total Appropriation 21-6**	**42,850**	**40,981**	**1,869**	

Explanation Number:

1. Primarily due to miscellaneous operating under-expenditures.

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-7	**Health Services Insurance Fund**				
	21-7a	Funding to Health Authorities				
2,225,242		Acute Care Services	2,219,096	2,246,331	(27,235)	1
592,267		Long Term Care Services	622,159	583,810	38,349	2
333,530		Home Care Services	342,088	335,380	6,708	2
240,749		Community and Mental Health Services	263,752	246,826	16,926	2
72,730		Emergency Response and Transport Services	91,760	79,634	12,126	2
(17,385)		Third Party Recoveries	(17,280)	(16,405)	(875)	
(65,977)		Reciprocal Recoveries	(58,495)	(64,937)	6,442	3
(2,000)		Recoverable from Urban Development Initiative	(2,000)	(2,000)	-	
	21-7b	Provincial Health Services				
53,726		Out of Province	46,759	48,850	(2,091)	3
58,797		Blood Transfusion Services	61,380	57,690	3,690	
2,579		Federal Hospitals	2,059	2,026	33	
17,325		Ancillary Programs	18,281	17,252	1,029	
6,385		Healthy Communities Development	4,624	3,696	928	4

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
3,730		Nursing Recruitment and Retention Initiatives	434	3,050	(2,616)	3
2,200		Manitoba Centre for Health Policy	2,200	2,200	-	
42,039		Selkirk Mental Health Centre	43,949	45,136	(1,187)	
	21-7c	Medical				
1,126,142		Physician Services	1,150,704	1,081,936	68,768	4
27,717		Other Professionals	28,332	25,555	2,777	4
31,328		Out of Province Physicians	30,349	27,398	2,951	4
31,457		Physician Recruitment and Retention Program	24,038	25,414	(1,376)	
(10,003)		Third Party Recoveries	(9,796)	(9,380)	(416)	
(16,121)		Reciprocal Recoveries	(16,924)	(15,632)	(1,292)	
	21-7d	Pharmacare				
269,060		Other Expenditures	247,612	240,772	6,840	4
5,025,517		**Total Appropriation 21-7**	**5,095,081**	**4,964,602**	**130,479**	

Explanation Number:

1. *Primarily due to price and volume increases, offset by a re-distribition of the 2014/15 funding in 21-7a.*
2. *Primarily due to increases in base line funding to the RHAs.*
3. *Primarily due to decreased price and volume.*
4. *Primarily due to increased price and volume.*

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8	**Capital Funding**				
	21-8a	Principal Repayments				
73,874		1 Acute Care	72,529	73,061	(532)	
16,632		2 Long Term Care	14,779	15,547	(768)	
4,382		3 Community and Mental Health Services	4,152	3,915	237	
	21-8b	Equipment Purchases and Replacements				
14,573		1 Acute Care	8,516	158	8,358	1
2,903		2 Long Term Care	1,451	-	1,451	
	21-8c	Other Capital				
3,950		1 Acute Care	3,725	8,155	(4,430)	2
3,750		2 Long Term Care	1,949	1,259	690	1

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-8d	Interest				
43,894		1 Acute Care	38,137	36,760	1,377	3
7,279		2 Long Term Care	5,666	6,420	(754)	4
3,673		3 Community and Mental Health Services	3,297	3,113	184	
174,910		**Total Appropriation 21-8**	**154,201**	**148,388**	**5,813**	

Explanation Number:

1. *Primarily due to an increase in outright payments for capital.*
2. *Primarily due to an decrease in outright payments for capital.*
3. *Primarily due to higher interest rates and increase in debt servicing.*
4. *Primarily due to lower interest rates and decreases in debt servicing.*

Manitoba Health, Healthy Living and Seniors

Expenditure Summary

for fiscal year ended March 31, 2015

Estimate 2014/15 $(000s)		Appropriation	Actual (1) 2014/15 $(000s)	Actual (2) 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.
	21-9	**Costs Related to Capital Assets**				
4,262	21-9a	Amortization Expense	3,521	3,122	399	
1,052	21-9b	Interest Expense	696	694	2	
5,314		**Total Appropriation 21-9**	**4,217**	**3,816**	**401**	
5,382,077		**Total Appropriation 21**	**5,427,480**	**5,283,759**	**143,721**	

Footnotes:

(1) Actuals for 2014/15 are based on year-end expenditure analysis report dated June 6, 2015.

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2015.

Manitoba Health
Revenue Summary by Source
for fiscal year ended March 31, 2015

Actual [1] 2014/15 $(000s)	Actual [2] 2013/14 $(000s)	Increase (Decrease) $(000s)	Expl. No.	Source	Actual [1] 2014/15 $(000s)	Estimate 2014/15 $(000s)	Variance $(000s)	Expl. No.
				1. Government of Canada:				
-	8,998	(8,998)	1	a) Patient Wait Times Guarantee	-	-	-	
-	**8,998**	**(8,998)**		**Sub-Total Health Funds**	**-**	**-**	**-**	
4,368	4,368	-		b) Labour Market Agreements for People with Disabilities	4,368	4,368	-	
196	-	196		c) Drug Treatment Funding Program	196	-	196	
-	-	-		d) Provincial Tobacco Guarantee	-	119	(119)	
129	7	122		e) Toll-Free Quitline Numbers on Tobacc Packaging Initiative	129	100	29	
4,693	**4,375**	**318**		**Sub-Total Other Agreements**	**4,693**	**4,587**	**106**	
				2. Other Revenue:				
6,674	7,596	(922)	2	a) Sundry	6,674	7,029	(355)	2
11,367	**20,969**	**(9,602)**		**Total Revenue**	**11,367**	**11,616**	**(249)**	

Explanation Number:

1 Federal Funding for patient Wait Times Guarantee ended in 2013/14.

2 Miscellaneous under-recoveries.

Footnotes:

(1) Actuals for 2014/15 are based on year-end expenditure analysis report dated June 4, 2015

(2) Prior year's comparative figures have been reorganized where necessary to conform with the presentation adopted for the fiscal year ended March 31, 2015

Manitoba Health, Healthy Living and Seniors
Five Year Expenditure and Staffing Summary by Appropriation
for years ending March 31, 2011 to March 31, 2015

Appropriation	2010/11 [2]		2011/12 [2]		2012/13 [2]		2013/14 [2]		2014/15 [1]	
	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)	FTE	$(000s)
21-1 Administration and Finance	121.73	10,576	123.73	10,440	123.73	10,692	124.73	10,964	124.75	10,760
21-2 Provincial Programs and Services	215.68	32,257	233.68	32,942	242.68	34,641	242.68	35,169	246.70	35,920
21-3 Health Workforce Secretariat	134.29	10,016	134.29	9,457	134.29	9,963	134.29	10,189	134.30	10,667
21-4 Public Health and Primary Health Care	133.28	39,584	151.28	41,748	175.91	43,758	175.91	44,662	179.60	47,981
21-5 Regional Policy and Programs	82.02	14,148	82.02	19,551	84.02	26,037	84.02	24,988	84.00	25,803
21-6 Healthy Living and Seniors	46.00	40,246	38.00	44,149	29.00	43,592	38.00	40,981	38.00	42,850
21-7 Health Services Insurance Fund		4,426,919		4,562,496		4,726,769		4,964,602		5,095,081
21-8 Capital Funding		135,544		165,945		165,900		148,388		154,201
21-9 Costs Related to Capital Assets		4,405		4,017		3,985		3,816		4,217
Total Departmental Expenditures	733.00	4,713,695	763.00	4,890,745	789.63	5,065,337	799.63	5,283,759	807.35	5,427,480

Footnotes:

(1) Actuals for 2014/15 are based on year-end expenditure analysis report dated June 6, 2015.

(2) Prior years' comparative figures have been restated, where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2015

Manitoba Health Services Insurance Plan
Five-Year Expenditure Summary
for years ending March 31, 2011 - March 31, 2015 [1]

Program	2010/11 $(000s)	2011/12 $(000s)	2012/13 $(000s)	2013/14 $(000s)	2014/15 $(000s)
Health Authorities and Facilities [2]	3,190,014	3,341,287	3,440,062	3,557,027	3,615,282
Medical [3]	963,115	972,948	1,033,443	1,135,291	1,206,703
Provincial Programs [4]	168,950	164,983	174,816	179,900	179,686
Pharmacare	240,384	249,223	244,348	240,772	247,612
Total	**4,562,463**	**4,728,441**	**4,892,669**	**5,112,990**	**5,249,283**

Footnotes:

(1) Prior year's comparative figures have been restated where necessary to conform with the presentation adopted for the fiscal year ending March 31, 2015.

(2) Includes Funding to Health Authorities and Capital Funding.

(3) Includes fee-for-service, alternate payments, private laboratory and x-ray facilities, Oral, Dental, and Periodontal Surgery, as well as Chiropractic and Optometric.

(4) Included in Provincial Programs are Out of Province facilities, Blood Transfusion Services, Federal Hospitals, Prosthetic and Orthotic Devices, Healthy Communities Development, and Nursing Recruitment and Retention Initiatives.

Financial Report Summary Information Part 2

Manitoba Health Services Insurance Plan
Summary of Estimates
April 1, 2014 – March 31, 2015

DETAILS	2014/15 ESTIMATES ($000s)
2014/15 Main Estimates:	
Funding to Health Authorities	3,379,156
Provincial Health Services	186,781
Medical	1,190,520
Pharmacare	269,060
Capital Grants	174,910
2014/15 Estimates:	**5,200,427**

For the year ended March 31, 2015, the cost of insured health services was financed primarily through grants from the Provincial Consolidated Fund. As in the previous year, federal contributions pursuant to the provisions of the Canada Health and Social Transfer, were not received by the Health Services Insurance Fund but were deposited directly into the Consolidated Fund of the Province of Manitoba.

The Provincial Consolidated Fund estimates and enabling appropriations totaled $5,375,337 in 2014/15. The Plan also received $57,908 in supplementary funding for a total budget of $5,258,335 for planned expenses.

MANAGEMENT REPORT

Management of Manitoba Health, Healthy Living and Seniors is responsible to the Minister of Health, Healthy Living and Seniors for the integrity and objectivity of the financial statements and schedules of the Manitoba Health Services Insurance Plan. The financial statements for the year ended March 31, 2015 have been prepared in accordance with Canadian public sector accounting standards.

Manitoba Health, Healthy Living and Seniors maintains a system of internal control designed to provide management with reasonable assurance that confidential data and other assets are safeguarded and that reliable operating and financial records are maintained. This system includes written policies and procedures, and an organization structure which provides for appropriate delegation of authority and segregation of responsibilities.

The Office of the Auditor General is responsible to express an independent, professional opinion on whether the financial statements are fairly presented in accordance with Canadian public sector accounting standards. The Auditor's Report outlines the scope of the audit examination and provides the audit opinion.

Management has reviewed and approved these financial statements. To assist in meeting its responsibility, an audit committee meets to review audit, financial reporting and related matters.

On behalf of the management,

"Original signed by"

Karen Herd, CA
Deputy Minister of Health, Healthy Living and Seniors

"Original signed by"

Nardia Maharaj, CMA, MBA
Assistant Deputy Minister and
Chief Financial Officer

Winnipeg, Manitoba
June 29, 2015

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To the Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying financial statements of the Manitoba Health Services Insurance Plan, which comprise the statement of financial position as at March 31, 2015 and the statements of operations and accumulated surplus and net debt, and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian public sector accounting standards and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements present fairly, in all material respects, the financial position of the Manitoba Health Services Insurance Plan as at March 31, 2015 and the results of its operations and its cash flow for the year then ended in accordance with Canadian public sector accounting standards.

Office of the Auditor General

Office of the Auditor General
June 29, 2015
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Financial Position

As At March 31, 2015
(in thousands of dollars)

	2015	2014
Financial Assets		
Cash	$ 16,237	$ 5,786
Funds on deposit with the Province of Manitoba	391,863	273,932
Due from:		
Province of Manitoba	-	11,890
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
Other Provinces and Territories	37,581	35,535
Other	15,653	11,362
	711,174	588,345
Liabilities		
Accounts Payable and Accrued Liabilities (Note 5)	451,951	338,505
Due to:		
Province of Manitoba	9,383	-
Province of Manitoba - vacation pay (Note 4)	121,663	121,663
Province of Manitoba - post employment benefits (Note 4)	128,177	128,177
	711,174	588,345
Accumulated Surplus and Net Debt	$ -	$ -

(The accompanying summary of significant accounting policies and notes form an integral part of these financial statements.)

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Operations and Accumulated Surplus and Net Debt

For the Year Ended March 31, 2015
(in thousands of dollars)

	Budget 2015	Actual 2015	Actual 2014
Revenue			
Province of Manitoba - Grants (Note 7)	$ 5,258,335	$ 5,249,282	$5,065,349
Inter-provincial reciprocal recoveries - Hospital	65,977	58,495	64,937
Inter-provincial reciprocal recoveries - Medical	16,121	16,924	15,632
Third party recoveries	27,388	27,076	25,785
Miscellaneous	2,000	7,327	2,790
	5,369,821	5,359,104	5,174,493
Expenses			
Health Authorities and Facilities (Note 7)	3,697,336	3,697,089	3,640,248
Medical	1,216,644	1,234,370	1,160,562
Provincial programs	186,781	179,720	132,911
Pharmacare	269,060	247,925	240,772
	5,369,821	5,359,104	5,174,493
Annual Surplus and Net Debt	-	-	-
Accumulated Surplus and Net Debt, Beginning of Year	-	-	-
Accumulated Surplus and Net Debt, End of Year	$ -	$ -	$ -

MANITOBA HEALTH SERVICES INSURANCE PLAN

Statement of Cash Flow

For the Year Ended March 31, 2015
(in thousands of dollars)

	2015	2014
Operating Activities		
Annual Surplus (Deficit)	$ -	$ -
Changes in Working Capital:		
Due from:		
Province of Manitoba	11,890	(11,890)
Other Provinces and Territories	(2,046)	(22,165)
Other	(4,291)	13,937
Accounts Payable and Accrued Liabilities	113,446	30,371
Due to:		
Province of Manitoba	9,383	(75,429)
	128,382	(65,176)
Increase (Decrease) in Cash and Funds on deposit	128,382	(65,176)
Cash and Funds on deposit with the Province, Beginning of year	279,718	344,894
Cash and Funds on deposit with the Province, End of year	$ 408,100	$ 279,718
Consists of:		
Cash	$ 16,237	$ 5,786
Funds on deposit with Province of Manitoba	391,863	273,932
	$ 408,100	$ 279,718

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2015
(in thousands of dollars)

1. Nature of Operations

The Manitoba Health Services Insurance Plan (the Plan) operates under the authority of the Health Services Insurance Act. The Plan is not a separate entity with the power to contract in its own name and cannot sue or be sued. The mandate of the Plan is to provide health related insurance for Manitobans by funding the costs of qualified hospital, medical, personal care and other health services. The Plan's financial operations are administered outside of the Provincial Consolidated Fund.

Effective for the year ended March 31, 2015, the Plan includes the operations of the Selkirk Mental Health Centre.

2. Significant Accounting Policies

a. General

These financial statements have been prepared in accordance with Canadian public sector accounting standards.

b. Revenue Recognition

Grants from the Province of Manitoba are recognized in the period in which the funds are drawn from Provincial Appropriations.

Under inter-provincial reciprocal agreements Canadian residents can obtain necessary hospital and medical services while away from their home provinces or territories. Revenue related to reciprocal recoveries is recognized in the period that the services are provided.

Manitoba Health recovers amounts for hospital and medical services provided to individuals who are covered under other insurance plans, primarily Manitoba Public Insurance. Revenue related to third party recoveries is recognized in the period that the services are provided.

All other revenues are recognized at a gross amount on an accrual basis.

c. Financial Instruments

The financial instruments of the Plan consist of cash, funds on deposit, accounts receivable, accounts payable and accrued liabilities, and amounts due to the Province of Manitoba. All of the Plan's financial instruments are carried at cost.

Impaired financial assets are written down to their net recoverable value with the write-down being recognized in the statement of operations.

d. Net Debt

Net Debt is equivalent to accumulated surplus as there are no non-financial assets.

e. Use of Estimates

The preparation of financial statements requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Items requiring the use of significant estimates include any allowance for doubtful accounts related to accounts receivable, and the estimation of accrued liabilities related to Health Authorities, Medical Service Claims, Pharmacare Claims, and General.

Actual results could differ from these estimates.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2015
(in thousands of dollars)

f. Administrative and Operating Expenses

The financial statements do not include administrative salaries and operating expenses related to the Plan. These are included in the operating expenses of Manitoba Health.

3. Financial Instrument Risk Management

The Plan has exposure to the following risks from its use of financial instruments: credit; interest rate, and liquidity risk. Based on the Plan's small amount of foreign currency denominated assets, a change in exchange rates would not have a material effect on its Statement of Operations. There have been no significant changes from the previous year in the exposure to risk or policies, procedures and methods used to measure the risk.

Credit risk

Credit risk is the risk that one party to a financial instrument fails to discharge an obligation and causes financial loss to another party. Financial instruments which potentially subject the Plan to credit risk include cash, funds on deposit, and accounts receivable.

Cash and funds on deposit are not exposed to significant credit risk. Cash is held with a large reputable financial institution and funds on deposit are held by the Province of Manitoba.

Accounts receivable are not exposed to significant credit risk. The majority of the amounts is due from the Province of Manitoba and other provinces and territories; both typically pay in full. No allowance for doubtful accounts is required.

Liquidity risk

Liquidity risk is the risk that the Plan will not be able to meet its financial obligations as they come due.

The Plan manages liquidity risk by maintaining adequate cash balances and by review from the Department of Health to ensure adequate funding will be received to meet its obligations.

4. Employee Benefits

The Plan revised, in 2005, its funding arrangements related to vacation pay and post employment benefits. Prior to 2005, the Plan did not fund the annual vacation leave earned by employees of the Regional Health Authorities (Health Authorities) and Health Care Facilities (Facilities) until the year vacations were taken. As well, the Plan did not fund post-employment benefits earned by employees of Health Authorities and Facilities until those post-employment benefits were paid. Funding is now provided as vacation pay and post employment benefits are earned by employees subsequent to March 31, 2004.

The amount recorded as due from the Province – vacation pay was initially based on the estimated value of the corresponding liability as at March 31, 2004. Subsequent to March 31, 2004, the Province has included in its ongoing annual funding to the Plan, an amount equal to the current year's expense for vacation pay entitlements.

The amount recorded as due from the Province – post employment benefits is the value of the corresponding actuarial liability for post employment costs as at March 31, 2004. There has been no change to the value subsequent to March 31, 2004 because the Province has provided, in its ongoing annual funding to the Plan, an amount equivalent to the change in the post employment liability

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2015
(in thousands of dollars)

including annual interest accretion related to the receivable. The receivable will be paid by the Province when it is determined that the funding is required to discharge the related post employment liabilities.

5. Accounts Payable and Accrued Liabilities

	2015	2014
Health Authorities and Facilities	**$326,095**	$218,617
Provincial Health Services	**3,944**	3,129
Medical Service Claims	**72,904**	66,993
Pharmacare Claims	**2,856**	13,460
General	**46,152**	36,306
	$451,951	$338,505

6. Expenditures for Hospital, Medical, and Other Health Services

The following table summarizes expenditures including accrual impact during the fiscal year.

Hospital service payments include services that an insured person is entitled under the Plan to receive at any hospital, surgical facility or personal care home without payment except for any authorized charges that he or she may be liable to pay are:

- in-patient services and out-patient services in a hospital and out-patient services in a surgical facility;
- such services in a hospital as may be specified in the regulations as being additional hospital services that an insured person is entitled to receive under the Plan; and
- subject to any special waiting period in respect of personal care prescribed in the regulations, and subject to meeting the admission requirements for the personal care home personal care provided in premises designated as personal care homes.

Medical service payments include all services rendered by a medical practitioner that are medically required but does not include services excepted by the regulations.

Other health service payments include chiropractic, optometric, or midwifery services, or to services provided in hospitals by certified oral surgeons, or to the provision of prosthetic or orthotic devices, or to any or all of those services.

	2015	2014
Hospital Services	**$3,025,264**	$3,008,358
Medical Services	**1,203,002**	1,135,011
Other Health Services	**46,613**	42,807

7. Special Warrant

The special warrant for supplementary funding of $57,908 is included in the Budget for 2015.

8. Economic Dependence

The Plan is economically dependent on the Province of Manitoba for its funding.

MANITOBA HEALTH SERVICES INSURANCE PLAN
Notes to the Financial Statements
For the Year ended March 31, 2015
(in thousands of dollars)

9. Related Party Transactions

In addition to those related transactions disclosed elsewhere in these financial statements, the Plan is related in terms of common ownership to all Province of Manitoba created departments, agencies and Crown corporations. The Plan enters into transactions with these entities in the normal course of business. These transactions are recorded at the exchange amount.

10. The Public Sector Compensation Disclosure Act

The Schedule of Payments pursuant to the provisions of The Public Sector Compensation Disclosure Act is included as part of the Annual Report of Manitoba Health.

11. Comparative Figures

Certain of the 2014 comparative figures have been reclassified to conform with the presentation adopted for 2015.

OFFICE OF THE
AUDITOR GENERAL
MANITOBA

INDEPENDENT AUDITOR'S REPORT

To The Legislative Assembly of Manitoba
To the Minister of Health

We have audited the accompanying Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2015 ("the Schedule"). The Schedule has been prepared by management based on Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Management's Responsibility for the Schedule
Management is responsible for the preparation of the Schedule in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act and for such internal control as management determines is necessary to enable the preparation of the Schedule that is free from material misstatement, whether due to fraud or error.

Auditor's Responsibility
Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the Schedule is free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates, if any, made by management, as well as evaluating the overall presentation of the Schedule.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial information in the Schedule of Payments of the Manitoba Health Services Insurance Plan for the year ended March 31, 2015 is prepared, in all material respects, in accordance with Sections 2 and 5 of the Public Sector Compensation Disclosure Act.

Basis of Accounting
Without modifying our opinion, we draw attention to the Basis of Accounting Note to the Schedule, which describes the basis of accounting. The Schedule is prepared to assist the entity to meet the requirements of Sections 2 and 5 of the Public Sector Compensation Disclosure Act. As a result, the Schedule may not be suitable for another purpose.

Office of the Auditor General

Office of the Auditor General
June 29, 2015
Winnipeg, Manitoba

500 - 330 Portage Avenue Winnipeg, Manitoba R3C 0C4 office: (204) 945-3790 fax: (204) 945-2169
www.oag.mb.ca

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2015

Basis of Accounting

This Schedule of Payments is published in compliance with the provisions of "The Public Sector Compensation Disclosure Act".

The Act requires the publication of the name of every person who receives $50,000 or more in the fiscal year for providing services to insured persons under The Health Services Insurance Act, and the amount paid to each. It should be noted that the payments reported for physicians represents their fee-for-service amounts only.

The payments reported do not include payments that a physician may receive:

- *from alternate sources such as for salary and contract payments, sessional payments, on-call stipends, etc.*
- *for providing services to insured persons when outside of Manitoba for which the Manitoba Health Services Insurance Plan reimburses the health care provider.*
- *for providing services to non-residents of Manitoba (non-insured persons under The Health Services Insurance Act) for which the Manitoba Health Services Insurance Plan receives reimbursement from third parties.*

The fee-for-service payments are reported under the name of the practitioner who provided the services, except for special arrangements when services provided by a group of practitioners are billed in the name of a single practitioner for administrative efficiencies. This type of billing arrangement is in place for radiology, laboratory, nuclear medicine and dialysis services in particular. As a result, some of the amounts shown have not been generated solely by the practitioner whose name is shown.

Persons reading these data should understand that:

- *These data provide only a record of gross payments made by Manitoba Health to the practitioner.*
- *A practitioner's net income may vary from the gross payments shown as costs of operating a practice must be paid from these gross payments.*
- *As total revenues and costs of practice vary significantly between specialty groups and between individual practitioners, net income can also vary significantly.*

Abbott Burton B	$179,190	Ahmad Absar	$119,532	Al-Moumen Zakaria	$766,051
Abbu Ganesan P	$232,593	Ahmad Ejaz	$505,100	Al-Somali Faisal M	$219,947
Abdalla Shaza E E	$185,222	Ahmad Suffia N	$288,175	Alai Mehdi	$110,179
Abdelmessih Mary Rose	$172,187	Ahmed Munir	$436,238	Albak Russell E	$331,362
Abdulrahman Suleiman	$154,038	Ahmed Naseer	$180,981	Alevizos Ioannis	$67,030
Abdulrehman A S	$372,453	Ahmed Shahida	$213,060	Alexander Ian Scott	$79,816
Abell William R	$124,332	Ahuja Nitin	$136,146	Ali Abdalla M	$141,652
Abo Alhayjaa Sahar	$175,420	Ahweng Albert	$366,559	Ali Molud A E	$520,870
Abood Muhanned	$56,406	Ahweng Andrew G	$831,511	Ali Mossadeq	$548,464
Abrams Elissa M	$388,319	Aiken Andrew	$161,962	Ali Tehmina K	$222,064
Abujazia Abdurreza	$628,823	Ainley Andrew	$85,412	Aljafari Alhassan	$325,825
Adam Chris J E	$219,435	Ainslie Martha D	$213,857	Alkana Matthew R	$79,978
Adam-Sdrolias Heather L	$211,029	Ajao Olarenwaj	$54,018	Allan Donald R[3]	$655,755
Adams David W	$80,261	Akintola Olalekan	$800,189	Almalky Ammar	$785,884
Adduri V R	$233,078	Akra Mohamed A	$182,284	Almeida Pereira Marta L	$158,049
Aery Navrup	$60,449	Al Essawi Turki	$119,493	Almoustadi Waiel A	$282,822
Afifi Tarek J	$1,485,633	Al Gurashi Fahd	$76,886	Altman Alon	$700,197
Afolabi Babafemi	$61,633	Al Wazzan Ahmad B	$181,269	Altman Gary N	$288,072
Aguilar Rodolfo P	$71,070	Al-Kaabi Atheer	$373,490	Alto Lauri E	$535,491
Ahluwalia Rajpal S	$402,255	Al-Kadhaly Mothafar	$152,843	Amadeo Ryan J J	$499,650

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2015

Ambrose Devon J	$376,66	Assuras George N	$489,294	Baria K	$251,683
Amede Kebede H	$468,282	Atalla Niveen G	$286,746	Barker Mark F	$680,795
Ames David H	$109,703	Athaide Marita	$59,151	Barker Sharon L	$57,899
Anang Polina	$78,631	Atkinson Raymond	$245,005	Barkman Jayson M	$520,566
Anashara Fouad H	$194,103	Atwal Jasdeep	$82,114	Barnes Jeffrey G	$227,674
Anastasiades Lefkos P	$95,357	Aujla Harpreet	$320,397	Barnes William R	$132,256
Anderson Brent R	$309,377	Avanoma Ewoma	$73,828	Baron Cynthia M	$411,630
Anderson Brian	$231,542	Avery Maleen R	$53,776	Baron Kenneth I	$492,370
Anderson Donna M	$162,880	Avila Flores Francisco[2]	$897,549	Barron Laurie W	$789,588
Anderson Erin	$174,347	Awad Jaklin	$466,834	Barske Heather L	$298,120
Anderson Jennifer	$139,419	Awadalla Alaa	$792,958	Barteaux Brooks	$158,050
Anderson Matthew	$134,107	Ayeni Oluwole O	$93,341	Bartlett Lloyd C	$206,017
Anderson Ryan A	$377,638	Azer Nivin	$737,636	Bashir Bashir	$325,317
Anderson Shelley D	$147,991	Azer Nivine N	$423,387	Basson Anel	$137,734
Anderson Tyler	$139,515	Aziz Aziz N N	$621,184	Basson Hendrik J	$401,684
Andrew Chris	$643,309	Azzam Hussam M	$117,707	Basta Ayman F	$552,066
Anhalt Hicks Cynthia D	$857,932	Azzam Lina	$258,739	Bata Ahmed	$80,745
Anozie Chiaka B	$496,833	Babick Andrea P	$282,457	Battad Anthony B	$219,394
Ansar Roomana	$347,293	Babick Terry R	$607,458	Baydock Bradley	$156,495
Anton Annepa	$59,902	Bacily Mervat A	$344,943	Bayer Cheryl	$103,214
Anton Anoja	$69,823	Badenhorst Frederik	$306,924	Beaudette Roxanne M	$162,184
Anttila Lisa K	$473,891	Badesha Kulvir S	$127,472	Beaumont Ian D	$117,623
Anyadike Ignatius	$323,869	Bagry Hema S	$487,600	Becker Allan	$150,378
Aoki Fred Y	$197,664	Bahrami Tahmoures	$595,109	Becker Marissa	$61,626
Appendino Juan P	$171,175	Baidwan Saminder	$59,337	Beckstead James E	$93,254
Aragola Sanjay	$508,102	Bailes Michelle	$305,085	Bedder Phyllis M	$373,938
Araneda Maria C	$129,598	Baillie Cory	$594,736	Bedi Bhupinder	$296,819
Arara Mohammed	$238,500	Baker Chandran	$923,406	Beiko Jason	$290,890
Arfeen Syed	$69,775	Bal Simerpree	$205,133	Beldavs Robert A	$1,350,987
Armas Enriquez Ana T	$233,135	Balachandra Bhamini	$71,293	Bell Dean D	$112,786
Armstrong Brent	$432,203	Balageorge Dimitrios	$422,233	Bellan Lorne D	$612,912
Armstrong Sean[3]	$1,202,440	Balcha Berhanu	$68,779	Bellas Jonathon	$192,249
Arneja Amarjit S	$376,949	Bali Shveta	$98,566	Bellisario Tio	$181,614
Arneja Jagmit	$422,317	Balko George	$347,454	Benade Elizabeth	$169,139
Arnott Peter C	$388,420	Ball Frederic	$421,452	Benning Harjit S	$1,206,788
Arya Virendra	$490,061	Ballen Jenifer L	$310,559	Benoit Archie G	$294,888
Ashcroft R P	$262,947	Banerji Shantanu	$117,028	Benshaban Lamin	$297,184
Ashcroft Rebecca C	$262,911	Banerji Versha	$104,745	Benzaglam Ali	$688,861
Ashfaq Bushra	$63,838	Banmann Darin S	$301,286	Berard Frances C	$51,801
Ashique Asim	$126,922	Barac Ivan	$388,343	Bereznay Oliver	$390,533
Ashton Martin	$108,571	Barac Snezana	$209,208	Bergen Calvin J	$50,631
Askarifar Rasool	$412,850	Barber Lorne	$209,445	Bergen Jerry	$282,367
Assaad Hoda M A	$298,558	Barc Jennine	$294,793	Bergman Amanda D	$207,069
Asskar Ramzi	$449,731	Bard Robert J	$423,862	Bergman Elin	$254,898

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2015

Bermack Barry A	$386,174	Bolton David R	$338,952	Brinkman Shauna	$523,944
Bernier Mark	$661,697	Bolton James M S	$93,169	Bristow Kristin	$105,784
Bernstein Charles N	$596,101	Boman Jonathan	$257,160	Britton Ashley	$84,414
Bernstein Keevin	$215,142	Book Brian H	$96,373	Broda Russell J	$56,423
Berrington Neil R	$310,411	Bookatz Brian J	$313,281	Brodovsky Stephen C	$745,220
Beshara Eren I A	$253,829	Booth Frances	$127,676	Brooker Gary M[2]	$398,595
Best Raina L	$470,076	Booth Steven A	$597,876	Brown Heather J	$100,283
Bhangoo Sandip S	$139,068	Booy Harold	$215,887	Brown Robert	$322,303
Bhangu Manpreet	$288,202	Borkowsky Kent	$91,688	Brownell Laurence	$230,965
Bhanot Pradeep	$173,623	Boroditsky Alissa	$118,988	Bruce Kelsey	$71,676
Bhayana Rajinder	$370,638	Boroditsky Lila M	$195,391	Bruneau Michel R	$412,992
Bhayana Renu	$273,065	Boroditsky Mark	$399,577	Bshouty Zoheir	$155,880
Bhuiyan Nazmun N	$381,715	Boroditsky Michael L	$524,599	Buchel Edward W	$1,334,408
Bhullar Rick S	$658,438	Boroditsky Richard S	$91,594	Buchel Tamara L	$134,124
Biala Barbara	$396,340	Borrett George F	$339,274	Buchik Glenda M	$174,584
Bialy Peter C	$374,929	Borys Andrew E	$415,202	Budolowski Bradley A	$65,162
Bibi Mariam	$188,823	Botha Adriana	$199,938	Buduhan Gordon	$415,312
Billinkoff Errol N	$449,235	Botha Daniel	$289,184	Bueddefeld H Dieter	$392,273
Bilos Richard J	$221,214	Bourassa Barbara	$60,232	Buenafe Jay	$501,137
Birk Patricia	$186,160	Bourdon Nelson	$97,605	Bueti Giuseppe[3]	$1,040,608
Birt Douglas	$221,704	Bourque Christoph	$366,739	Buffie Jared	$68,861
Bishay Wagdy	$368,927	Boustcha Elizabeth	$253,941	Buffie Tyler	$199,878
Bisson Joanne	$83,105	Bovell Frank M	$326,705	Buffo Sequeira Ilan	$226,600
Bissonnette Arcel	$408,441	Bovino Mario	$51,299	Bullard Jared	$82,708
Black Denise R	$136,613	Bow Eric	$142,793	Bullen Sandra A	$145,013
Black G Brian	$138,097	Bower Tenley N	$369,146	Bullock Pries Karen R	$149,547
Blackie Karen M	$72,066	Bowman M Nancy	$186,154	Bunge Martin K[2]	$747,030
Blais Ashley	$204,080	Boyd April J	$414,519	Burnell Colin D C	$571,206
Blakley Brian W	$181,518	Bracken J	$66,531	Burnet Neil M	$338,826
Blampy Janice R	$133,578	Bracken John H	$496,633	Burnett C J	$298,122
Blom Lourens J	$74,857	Brackenreed Nolan	$295,169	Burnett Clinton J	$222,916
Blouw Marcus R	$220,528	Bradley Barry D	$155,514	Burnett Mairi	$303,828
Blouw Richard H	$396,448	Bradshaw Candace D	$304,235	Burnett Margaret	$215,169
Blydt-Hansen Tom D	$62,171	Brandes Lorne J	$177,974	Burnette David M	$672,776
Blyth Scott	$343,959	Brar Adarshdip	$152,428	Burtch Danielle	$60,999
Bock Erika R	$122,565	Brar Kanwaljit	$418,658	Burym Craig J	$539,489
Bock Gerhard W	$585,106	Braun Erwin A	$264,143	Butler James B	$272,026
Bodnarchuk Tavis R	$258,627	Braun Jeanelle	$115,851	Butler Nicolaas	$487,941
Boguski Gregory	$102,864	Braun Karen Y	$207,833	Butt Sheldon	$125,904
Bohm Clara J	$399,279	Breckman David K	$426,734	Butterworth Gary S	$57,615
Bohm Eric R	$389,399	Breckman Gillian L	$266,575	Bynkoski Stacey A	$215,966
Bohn James A	$555,840	Bretecher Gilbert J	$565,670	Bzura Thomas J	$125,911
Bohne Joline D	$72,174	Brett Matthew J	$270,937	Calderon-Grande Henry E	$247,557
Boktor Hanan	$234,277	Brinkman Ryan J	$354,088	Calin Dana N	$299,410

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2015

Cameron M R	$56,920
Camoriano Nolas Gerardo D	$691,372
Campbell Barry	$279,958
Campbell Garth	$197,108
Campbell Neil	$119,583
Canadas Luis A	$192,079
Caners Dennis T	$725,271
Caners Theo	$141,100
Cannon John E	$241,226
Canosa Antonio	$53,405
Canteenwala Sohrab	$60,728
Cantor Michael J	$570,571
Caplan Aubrey H	$246,509
Caplan Deborah C	$278,206
Cappellani Ronald B	$392,364
Carpenter Noah	$401,406
Cartagena Ricardo A	$494,174
Carter Catherine	$63,169
Carter Robin	$316,528
Casey Alan R	$260,523
Cassano-Bailey Alessandr[2]	$220,735
Caswell Brent	$152,260
Caswill Melissa	$247,551
Cattani Lynnsey	$183,609
Cavallo Dianne	$441,486
Cavers Kenneth J	$245,900
Chadwick Mairi M	$268,788
Chakraborty Amiya R	$381,024
Chale Kelly	$68,912
Chan Eng Lyan	$337,122
Chan Jennifer	$59,897
Chan Joseph J	$63,072
Chan Laura H	$452,389
Chan Ming Ka	$61,614
Chan Timothy	$306,025
Chapman Leigh	$1,088,720
Chaput Danelle S	$140,903
Chatwin Meghan K	$104,811
Chaze Brian F	$57,933
Chenier Daniel	$65,776
Chenier Patrick	$65,290
Cherian Rachel	$131,230
Chernish Gregory M	$80,020
Cheung Lai-Keung	$118,365
Chin Daniel	$1,083,344
Chittal Dervla M	$96,513
Cho Patrick A	$721,687
Chochinov Paul H	$299,129
Chodirker Bernard N	$245,643
Chopra Amit	$399,182
Choptiany Robert B	$217,187
Choptiany Thor I	$670,468
Chow Chi Ieng	$425,563
Chow Herman	$112,785
Chow Melina	$90,205
Chowdhury Amitava D	$222,460
Chowdhury Tumul	$305,452
Choy Stephen C	$284,057
Christodoulou Chris C	$416,034
Chubaty Roman A	$463,935
Chudasama Sushil	$59,928
Chudley Albert E	$136,277
Chumber Manisha S	$274,866
Chung Louis	$405,078
Ciecierski Danuta	$224,556
Cisneros Nestor	$525,469
Clark Ian H	$229,259
Clark Mark A	$149,420
Clark Sandra G	$342,955
Clark Tod A	$400,457
Clayden Gerald	$594,861
Cleghorn Scott A	$644,019
Coates Kevin R	$526,268
Cochrane David	$111,625
Cohen Barry A	$826,479
Coish Rebecca M	$54,208
Collin Marian B	$254,657
Collison Linda M	$280,700
Collison Susan	$101,326
Connelly Peter	$100,214
Connor David D	$781,440
Connor Graham T	$256,791
Consunji-Aranet Raquel	$179,287
Convery Kevin	$424,569
Coodin Michael G	$343,265
Coodin Shalom Z	$97,165
Cooke Andrew L	$210,128
Coombs Jennifer	$331,943
Corbett Caroline	$537,420
Corbett R P	$76,728
Cordova Juan L	$263,335
Cordova Perez Francisco	$149,241
Corne Stephen I	$575,001
Cossoy Michael	$61,403
Cowden Elizabeth	$251,617
Coyle Stephen J	$296,234
Cram David H	$771,586
Cranston Meghan E	$297,935
Craton Neil	$145,907
Crawford David	$264,883
Cristante Loris	$1,208,734
Crockett Maryanne	$105,026
Cronin Robert J	$231,015
Crosby Jason A	$642,240
Cross Robert	$365,719
Crust Louis J	$92,487
Csupak Elaine M	$199,996
Cumming Gordon	$56,530
Cummings Michael L	$363,995
Cuvelier Geoffrey	$75,234
Czaplinski Jolanta E	$115,407
Czaplinski Kazimierz	$310,287
Czaplinski Peter R	$191,625
Czarnecka Monika M	$230,716
Czarnecki Wlodzimie	$554,117
Czaykowski Piotr M	$175,455
D'Mello Andrea	$66,952
Da Silva Hermano	$77,738
Da Silva Laurindo	$410,536
Daeninck Paul J	$180,379
Dakshinamurti Sowmya S	$287,877
Dale Catherine	$64,884
Dalling Gordon N	$234,738
Dandekar Anand S	$438,441
Dandekar Masumi S	$150,439
Dang Tai Huu	$331,354
Daniels Valsa	$173,299
Danielson Dawn A	$89,794
Dao Vi V B	$157,239
Darczewski Irena	$303,147
Darichuk Lee G	$97,700
Darnbrough Andrea L	$209,034

Manitoba Health Services Insurance Plan

The Public Sector Compensation Disclosure Act

Schedule of Payments for Fiscal Year Ended March 31, 2015

Dart Allison B	$115,535	Dhindsa Navjot	$205,569	Dubey Arbind A	$58,759
Dascal Mario A	$394,568	Diamond Heather D	$287,275	Dubois Daniel G	$106,487
Dashefsky Sidney M[2]	$422,039	Dibrov Alexander	$77,648	Dubyna Dale	$244,061
David Mirla F	$266,059	Dillon J David	$338,293	Ducas Diane A	$156,617
Davidson J Michael [2]	$5,420,381	Dillon Lisa G	$107,015	Ducas John	$765,431
Davis Michael O	$434,200	Dillon Tanya	$91,361	Dueck Darrin	$370,705
Davloor R	$105,978	Diocee Rupinder	$81,037	Duerksen Carl	$626,695
Dawe David E	$74,450	Dionne Claire	$396,180	Duerksen Donald R	$608,951
Dawood Saif N A	$298,842	Dissanayake [illegible]ani	$292,854	Duerksen Kenneth	$87,081
Day Marilyn H	$78,930	Dixon Nancy L	$145,368	Duerksen Mark T	$355,310
Daya Jayesh J	$417,302	Dizon Aquilino	$122,663	Duff Brian D	$148,282
Daymont Carrie B	$68,424	Do Kiet M	$196,255	Duke Peter C	$84,341
De Blonde Riley T	$70,846	Doak Greg J	$246,616	Dumatol-Sanchez Jocelyn	$547,882
De Gussem Els Maria	$96,841	Doan Quy	$230,158	Duncan Stephen J	$464,684
De Jager Johannes	$378,462	Docking Leanne M	$219,137	Dunford Dawn A	$169,361
De Klerk Ronel R	$65,855	Doermer Errol R	$200,396	Dunsmore Sara E	$926,461
De Korompay Victor	$203,225	Doerr Jeffrey J	$374,648	Dupont J O [4]	$730,188
De Moissac Paul C	$414,745	Dolynchuk Kenneth N	$267,994	Dutchyshen Kylie	$59,791
De Muelenaere Phillip	$1,353,089	Dominique Francis	$221,749	Duval Richard	$228,795
De Rocquigny Andre J	$622,904	Domke Heather	$362,707	Dyck Gordon H	$556,433
De Wit Simon L	$641,090	Domke Sheila	$355,381	Dyck Michael P	$249,575
Dean Erin C	$465,684	Donnelly John P	$51,522	Dzikowski Dana Rae	$381,902
Debnath Pranab K	$50,924	Dookeran Ravi	$1,759,960	Eaglesham Hugh[2]	$2,240,151
Debrouwere Roland G	$191,049	Dornn Bruce	$194,630	Earl Kevin D G	$277,883
Decock Candace	$105,902	Dow Nathan W	$204,422	Ebbeling-Treon Lori	$321,067
Decter Diarmuid	$470,075	Dowhanik Monica A	$105,835	Edward Girgis	$479,164
Dekoninck Theresa	$80,920	Dowhanik Paul B J	$159,627	Edye-Rowntree James A	$106,640
Demcoe Alistair	$50,373	Downs A Craig	$398,913	Egan Mary M	$125,887
Demsas Habtu	$360,607	Doyle John	$69,486	Egey-Samu Zsolt	$129,792
Deneau Mark	$139,194	Doyle Judith	$52,770	Eggertson Doug	$388,617
Denis James P	$402,279	Drachenberg Darrel E	$714,617	Eghtedari-Namin Fariba	$199,654
Deonarine Linda	$473,142	Drain Brighid	$162,754	Ehsaei Farhad	$139,861
Deong Jean Pui	$360,020	Dressler Gerald R	$76,207	El Masry Amir Z A	$155,189
Derzko Lydia A	$101,732	Drew Elizabeth	$73,344	El-Gaaly Sherief A	$369,860
Desmarais G P	$142,094	Drewniak Anna	$263,432	El-Matary Wael M M	$223,279
Desmond Gerard H	$481,475	Drexler Jaroslav	$540,233	Elbardisy Nozahy	$614,281
Deutscher Raymond	$271,951	Dreyer C	$77,372	Elbarouni Basem	$826,686
Dhala Aly	$123,746	Driedger Janelle	$53,897	Elcheshen Kimberly	$59,611
Dhaliwal Jamit S	$596,153	Du Guoyan	$96,557	Eleff Michael K	$135,052
Dhaliwal Rumeet	$100,766	Du Plessis Marlie M	$113,830	Elgazzar Reda F	$102,645
Dhaliwal Surinder	$233,633.81	Du Plooy Johan	$359,281	Elias Kamelia	$423,585
Dhalla Sonny S	$1,434,203	Du Preez Joachim	$136,699	Elkams Sameh N B	$382,969
Dhanjal Permjeet	$180,575	Du Toit Linda L	$164,180	Elkhemri A M	$348,472
Dharamsi Nafisa	$110,064	Dubberley James	$321,252	Elkin Jonathan	$300,642

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Schedule of Payments for Fiscal Year Ended March 31, 2015

Elkin Mark S	$385,393	Finlayson Nolan A	$259,758	Gallagher Katherine	$191,020
Elliott Jacobi	$231,581	Finney Brett A G	$315,440	Garba Sule	$749,810
Elliott Jason	$102,271	Fiorentino Elisa J F	$106,989	Garber Lesley	$547,393
Ellis Michael J	$80,360	Fisher Morag	$64,957	Garber Philip J	$261,209
Elves Emmett J	$856,634	Fishman Lawrence	$390,602	Gard Sherry	$338,112
Emadi Seyed M	$467,217	Fitzgerald Michael	$311,569	Gatha Mark S	$386,786
Embil John M A	$1,043,767	Fjeldsted Fredrik H	$396,024	Gauthier Shaun W	$56,059
Embree Joanne E	$119,492	Flattery Paula M	$121,078	Gdih Gdih A M	$1,519,268
Emery C	$434,073	Fleisher Marcia L	$107,691	Gella Sreenadh	$50,706
Emhamed Musbah	$505,006	Fleisher William P	$148,000	Gendron Craig J	$112,077
Eng Stanley	$417,634	Fleming Fiona L	$330,739	Geneve Mustafa	$455,105
Engel Jeff S	$688,524	Fletcher Colin W	$294,210	George Ronald H	$287,006
Engelbrecht Stephanus	$360,215	Foda A H	$53,854	Georgi Michelle	$81,910
England Margaret	$266,824	Foerster David R	$344,033	Gera Rakesh M	$701,591
Enns James P	$642,345	Fogel Richard B	$128,975	Gerges Hanan F	$384,510
Erfanfar Alireza	$92,312	Fontigny Nadine J	$351,545	Gerges Vivian F	$50,167
Erhard Philippe	$102,646	Forouzandeh Fariba	$172,475	Gergis Enas S	$65,812
Eschun Gregg M	$117,950	Fotti Chris P	$251,904	Gerstner Thomas V	$412,575
Eshghi Esfahani Farid	$547,281	Fotti Sarah A	$205,515	Gertenstein Robyn J	$439,698
Eskandargergies Shokry	$233,164	Fourie Theo	$434,089	Ghalib Muhammad	$183,487
Eskarous Soad	$521,959	Frame Heather	$321,113	Ghebray Tesfay M	$276,437
Esmail Amirali M	$541,401	Francois Jose M G	$67,167	Ghebrial Maged S N	$495,446
Espenell Ainsley E	$374,353	Fraser David B	$55,174	Ghoneim Mostafa S	$524,693
Esser Clinton M	$75,195	Fraser Michael B	$327,985	Ghorpade Nitin	$199,508
Essig Marco	$512,164	Frechette Chantal	$203,345	Ghosh Subhamay	$102,313
Ethans Karen D	$209,302	Frechette Marc	$469,602	Ghrooda Esseddeeg	$404,875
Evaniuk Debra A	$239,408	Frechette Sharon C	$534,230	Giannouli Eleni	$717,636
Evans Heather	$103,803	Frederick Derrick V	$81,763	Giesbrecht Dennis R	$265,339
Evans Michele J	$131,839	Fredette Patrick	$363,527	Giesbrecht Johanna E	$194,955
Ewert Frank J	$240,366	Freedman Jeffrey I	$91,274	Gilbert Jane	$109,028
Fagbemigun Ayokunle	$87,862	Friesen John	$340,552	Gill Balwinder	$229,133
Fainman Shane E	$273,822	Friesen Selena	$58,928	Gill Daljit	$104,798
Falconer Terry	$88,920	Frohlich Arnold M	$502,652	Gill Eunice	$325,230
Falusi Boglarka	$76,765	Frosk Patrick D	$51,291	Gill Jagroop S	$126,925
Famouri Sanaz	$159,527	Fuchs Graham R	$207,063	Gillespie Brian	$698,604
Fanella Sergio T	$111,055	Fung Harold[2]	$879,767	Gillespie Jamie L	$279,222
Fast Mallory D	$322,217	Funk Duane J	$279,892	Gillette Aleesha	$125,858
Fatoye Adetunji	$210,926	Fuzeta Gastao	$219,199	Gillman Lawrence	$175,000
Feasey Darin	$60,472	Gabor Jonathan	$289,621	Gillman Mark	$88,391
Feasey Kirk	$75,803	Gabriel Maila	$126,048	Gilmore Jonathan	$316,652
Fedorow Christine	$467,788	Galenzoski Kerry J	$223,251	Gingerich Joel R	$186,551
Feierstein Michele	$186,122	Galessiere Paul F	$715,393	Gingerich Roger	$224,091
Ferguson David A	$151,350	Galimova Lena	$229,562	Girard John	$348,980
Fewer Howard D	$54,918	Gall Richard M	$592,392	Girgis Fawzy S	$80,392

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Girgis Hossam E	$362,221	Griffin Patrick	$187,072	Hanlon-Dearman Ana C	$140,936
Giuffre Jennifer	$630,104	Griggs Gordon B	$256,296	Hanna Irin	$290,173
Glacken Robert P	$334,384	Grimes Ruth B	$294,980	Hanna Marni	$456,162
Glazner Kathryn A	$265,567	Gripp Karen E	$94,571	Hanna Nermeen S	$376,713
Glenn David M	$110,106	Grobler Wilhelmus	$426,097	Harding Gary A J	$135,138
Glew Wade B	$340,012	Grocott Hilary P	$339,320	Harding Gregory E	$634,647
Glezerson Graham	$555,155	Groenewald Louise H	$155,512	Hardy Brian[2]	$1,017,833
Goeke Fredrick	$327,511	Groohi Bahram	$337,215	Hardy Krista M	$295,682
Goerz Paul G	$128,566	Groves Lawrence	$309,988	Haresha A	$587,744
Goldberg Aviva	$77,589	Grunfeld Alexander	$366,753	Harms Stefan	$381,566
Goldberg Norman A	$286,758	Grzybowski Michelle	$50,938	Harrington Michael W	$294,633
Goldenberg David J	$457,829	Guan Jiayan	$60,516	Harris Patricia	$806,766
Goldie Daniela	$268,312	Gudmundson Catherine	$381,318	Harrison Wayne D[2]	$1,895,791
Gomori Andrew J	$284,003	Guindi Nizar S	$503,946	Hartley Duane M	$389,540
Gonzalez-Pino Fernando	$287,065	Guindy Sherine	$478,834	Harwood-Jones Marisa R	$228,020
Gooi Adrian C	$397,071	Gujral Paramjeet	$310,615	Hasan Mahmud	$104,069
Gooi Teong H	$617,991	Gulati Harleena	$349,745	Hasdan Galit	$375,190
Goossen Marvin	$815,540	Gupta Anjali	$332,454	Haseeb Sabiha	$54,692
Gorcharan Chandra	$99,876	Gupta Chander K	$57,798	Hashem Fathi Ali	$216,136
Gordon Jeremy	$440,055	Gupta Daya K	$506,697	Hashmi Sajjad	$561,069
Gordon Vallerie	$171,446	Gupta Ravi	$379,885	Haverluck Brenna L	$54,989
Goubran Ashraf W[2]	$737,841	Guzman Randolph	$589,822	Hawaleshka Adrian	$281,534
Gouda Fayez F	$549,409	Gwozdecki Taras M	$379,556	Hawe Richard D	$352,062
Gould Lisa F	$496,632	Haberman Craig J	$347,026	Hayakawa Thomas E	$648,470
Goulet Stephen C	$283,134	Haggard Gian G	$394,796	Haydey Richard P	$1,235,330
Govender Prakashen	$350,517	Hahlweg Kenneth A	$265,974	Hayward Jenette F	$276,990
Governo Nelson J	$342,395	Hai Md Abdul	$339,524	Hayward Rowland J	$619,398
Goyal Vishal	$97,717	Haiart Dominique	$199,766	Hebbard Pamela	$188,049
Goytan Michael J	$1,448,361	Haji Salah A	$240,667	Hechler Peter	$215,632
Grabowski Janet L	$487,193	Hajidiacos Nicholas	$253,629	Hechtenthal Norman	$234,028
Grace Kevin J	$314,498	Halbrich Michelle	$444,008	Hedden David R	$604,396
Graham Chris P	$479,976	Haleis Ahmed R	$292,631	Heibesh Suzy G F	$1,139,624
Graham Kerr	$472,352	Haligowski David	$331,238	Heidenreich Wolfgang	$132,228
Graham Marjory R	$204,091	Hall Andrew D	$113,696	Heinrichs Kristin M	$90,471
Graham Roger	$124,743	Hallatt David	$62,878	Helewa Michael E	$303,050
Grass Stephen B	$444,376	Hamam Al Walid	$312,830	Helms Johan B	$650,344
Gratton Remy-Mart	$330,993	Hamedani Ramin	$574,489	Hemsworth Cody C	$171,147
Gray Michael G	$328,045	Hameed Kazi A	$443,157	Henderson Blair	$4,325,971
Greenberg Howard M	$604,473	Hamilton Joanne M	$142,729	Henderson Crystal	$58,065
Gregoire Scott A	$533,571	Hamilton Kristin A	$88,981	Henry Douglas W	$263,051
Gregoryanz Tatiana	$305,547	Hammell Jennifer	$350,439	Henry Stephen F	$139,829
Grenier Debjani	$171,096	Hammond Allan W	$626,527	Hercina Chantelle	$198,189
Greyling Louw D L	$246,398	Hammond Greg W	$321,982	Hershfield Earl S	$140,469
Griffin Jennifer	$73,748	Hancock Betty J	$172,419	Hiebert Timothy	$111,293

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Hildebrand Brenda C	$313,478
Hilderman Lorraine	$225,865
Hildes Ripstein G E	$151,336
Hill Deborah M	$63,233
Hingwala Jay	$619,989
Hitchon Carol	$136,964
Hlynka Anthony	$451,715
Ho Juliet	$64,559
Ho Ka Shing	$76,783
Hobbs Cheryl L	$50,270
Hobson Douglas E	$352,819
Hochman David J	$645,224
Hochman Jordan	$455,614
Hochman Michael	$303,446
Hohl C M	$135,090
Holden Stuart	$65,975
Holder Fryderyk	$350,966
Holland-Muter Elizabeth	$234,057
Holmes Carol	$147,188
Holmes John	$235,304
Holroyd Douglas	$83,720
Holyk Brenda	$74,317
Homik Lawrence	$857,594
Honiball James J	$600,605
Hooper Davyd	$598,793
Hooper Wendy M	$343,370
Horton Jillian	$74,809
Hosegood Greg	$97,554
Houston Donald S	$102,971
Hoy Conrad S	$105,636
Hoy Gerald J	$160,061
Hoy Murray L	$213,211
Hrabarchuk Blair	$424,541
Huebert David M	$415,331
Huebert Helmut T	$78,643
Hughes Peter	$243,962
Hughes Philip M	$338,749
Hunt Daniel A	$219,408
Hunt Jennifer	$156,995
Hunter Christoph	$380,393
Hurd Carmen	$234,437
Hurst Lorne D	$583,138
Husarewycz Marie N	$247,934
Husarewycz Stephen	$358,196
Hussain Farrukh	$275,224
Hutchison Trevor	$263,315
Hutfluss George J	$448,840
Hyman Jeffrey R	$197,418
Hynes Adrian F	$187,804
Ibbitt C J	$251,760
Ijaz Sabina P	$50,009
Ilchyna Daniel C	$325,090
Ilnyckyj Alexandra	$406,297
Ilse Werner K	$304,070
Imam Isam E B	$392,241
Inglis Duncan	$570,094
Ingram Peter F	$189,736
Intrater Howard	$712,470
Ip Angel	$343,853
Iqbal Irum	$520,447
Ireland Wilma	$62,862
Irving Heather	$171,807
Irving James E	$267,271
Isaac Carey	$314,137
Isaacs Robert L	$150,945
Iskander Salah S G	$451,512
Iskander Suzan F	$389,595
Islur Avinash	$500,223
Ismail Ibrahim	$146,067
Israels Sara J	$68,068
Issaivanan Magimaira	$52,375
Itzkow Benjamin	$293,240
Ivey Jeffrey A	$162,166
Jabs Marlis	$72,998
Jackson Andora	$269,560
Jackson John H	$75,449
Jacob Mary V[2]	$1,414,171
Jacob Thomas K	$131,567
Jacob V C	$698,967
Jacobs Johannes	$560,567
Jacobsohn Eric	$166,616
Jaeger Claire	$319,839
Jagdeo Amit	$468,837
Jain Madhuri	$732,071
Jain Narendra	$102,048
Jamal Aleem	$77,611
Jamal Shabana	$187,012
Jamieson Mary Jane	$56,899
Jamora Earl	$128,880
Janjua Meer M	$276,927
Jansen Van Rens Nicholas	$704,358
Jason Marlowe	$112,953
Jassal Davinder	$555,246
Jawanda Gurswinde	$50,145
Jebamani Samuel	$249,649
Jellicoe Paul	$155,067
Jenkins Keith A	$76,982
Jenkinson Dale	$60,249
Jensen Bruce	$73,265
Jensen Chris W B	$379,238
Jensen Derrek M	$490,554
Johnson A Wray	$57,215
Johnson Bijai	$365,263
Johnson Charles	$230,681
Johnson Darcy	$692,983
Johnson Eric C	$110,497
Johnson Michael G	$1,321,775
Johnson Robert G	$291,841
Johnston Christine	$96,026
Johnston James B	$175,082
Johnston Janine L	$157,913
Johnston Stephanie	$182,377
Jones Jodi Lynn	$152,110
Jones Julie	$169,722
Jorgensen Richard W	$50,766
Jose Joe M	$94,291
Joshua Julian M	$301,701
Joundi Mohamed G	$379,913
Jovel Ramon E	$249,707
Jowett Andrew G	$360,472
Junaid Asad	$401,980
Kabani Amin M [1]	$226,700
Kaethler Wilfried	$398,164
Kaita Kelly D E	$485,071
Kaldas Nahed N R	$270,833
Kaler Jagpreet	$70,911
Kalicinsky Chrystyna	$156,148
Kalturnyk Blake P	$166,336
Kaminsky Matthew J	$87,686
Kania Jadwiga	$723,592
Kanwal Jaswinder	$213,816
Kaplan Joel	$202,987

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Karlicki Fern	$365,801	Khanahmadi Shahab	$561,016	Komenda Benjamin	$253,939
Karpinski Martin E	$420,227	Khandelwal Ajai S	$541,635	Komenda Paul V J[3]	$526,373
Karuppanchetty Muthiah	$53,215	Khangura Davinder	$593,925	Kong Anne M C	$143,972
Karvelas John	$204,591	Kharma Nadir	$201,603	Konrad Gerald P	$52,522
Karvelas Lisa M	$68,183	Khelil Assil I	$332,795	Koodoo Stanley R	$336,097
Kashefi Hossein	$56,990	Khoo Clarence	$557,464	Kos Gregory P	$59,218
Kashin Robert S	$189,296	Kiani Kian N	$155,652	Kostyk Richard	$58,452
Kasper Kenneth D	$280,868	Kilada Baher F N	$433,911	Kotecha Yatish	$408,264
Kass Malek	$1,052,471	Kim Christina	$57,788	Koul Rashmi	$124,971
Kassier Karl	$802,258	Kim Hae Kwang	$309,714	Koulack Joshua	$737,184
Kassum Shamina	$74,426	Kim Julian O	$90,531	Kousonsavath Ratana	$167,153
Kati Arvind A	$207,548	Kimelman Allen L	$176,405	Koven Sheldon	$50,289
Katopodis Christina	$310,615	Kindle Geoffrey	$958,032	Kovnats Sylvia F	$85,291
Katz Guido A	$407,066	King Tara D	$140,978	Kowalchuk Ivan J	$361,871
Katz Laurence	$129,053	Kinnear David	$413,898	Kowalski Stephen E	$217,505
Katz Michael D	$165,525	Kinsley David C	$430,852	Kowaluk Bruce A	$244,803
Katz Pamela	$238,427	Kippen James D	$618,408	Koz Lori G	$121,934
Katz Philip	$208,113	Kippen Robert N	$343,741	Krahn Curtis	$286,192
Kaufmann Anthony M	$209,438	Kirkpatrick Iain D C	$881,431	Krahn James	$397,305
Kaur Bimal	$75,738	Kirshner Alla	$354,760	Krahn Marianne	$92,343
Kaushal Ravi Datt	$431,833	Kish Scott L	$239,411	Kramer Matthias	$200,230
Kayler Douglas E	$638,366	Kisil Douglas	$54,749	Krau Allen	$101,325
Kazina Colin J	$201,361	Klaponski Stanka	$162,341	Krcek Jerry P	$53,033
Kearns Katherine	$170,162	Klar Gregory	$330,964	Kremer Steven	$127,305
Keddy-Grant Jill	$310,865	Klassen Donald H	$309,122	Kreml John A	$369,762
Kehler Terence	$90,583	Klassen Larry J	$107,034	Kreml Renee Lea	$334,791
Keijzer Richard	$143,153	Klassen Norma F	$278,749	Kristjanson Mark	$51,693
Kelleher Samantha	$297,898	Klassen Orla R	$142,486	Kroeker Lloyd R	$371,297
Kellen Philippa	$353,322	Kliewer Ken	$196,343	Kroft Cara D L	$162,071
Kellen Rodney I	$616,800	Klippenstein Norman L	$827,893	Krongold Israel J	$213,742
Kemkaran Kenneth	$274,058	Kloppers Anton A	$155,750	Krongold Penina	$243,847
Kennedy Maureen F	$209,949	Kloss Randy	$55,005	Kruk Robert D	$439,784
Kepron Michael W	$230,900	Kluke Chris	$70,543	Krzyzaniak Kelly M	$259,688
Kerr Lorraine	$130,645	Klym Karen L	$141,957	Krzyzelewski Anna U	$51,307
Kerr Paul D	$459,614	Knezic Kathy A	$241,678	Kucheravy Michael	$50,556
Kesselman Edward	$104,800	Koczanski Roman	$157,429	Kucheravy Tricia	$51,293
Kettner Adrian S	$193,033	Koenig James K	$899,504	Kuegle Peter F X	$386,841
Keynan Yoav	$126,428	Koensgen Stuart J	$165,522	Kulbisky Gordon P	$283,033
Khadem Aliasghar	$607,263	Kogan Sylvia	$341,654	Kumar Aparna	$487,953
Khan Ali H	$404,870	Koh Clarissa	$176,190	Kumar Rajat	$129,581
Khan Ayaz A	$363,627	Kohja Abbas Ali	$402,998	Kumbharathi Ravi Babu	$191,386
Khan Noor M	$451,443	Kojori Fatemeh	$257,641	Kuo Brian	$343,272
Khan Sadia A	$163,927	Kolt Alain M	$119,523	Kuzenko Nina J L	$228,746
Khan Sadiqa J	$474,822	Koltek Mark M	$117,858	Kyerematenq Doris	$347,135

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La Rue Leonard B	$118,478	Lee Trevor W	$378,890	Lipnowski Stan	$773,960
Labella Lisa	$52,354	Lee Vivian K	$746,162	Lipschitz Jeremy	$829,417
Lacerte Martina M	$285,452	Lee Wilfred	$108,620	Littleford Judith A	$317,310
Lach Lori Ann	$87,212	Lee-Chen Beverley	$59,290	Liu Junliang	$249,069
Lafournaise Carrie L	$276,481	Lee-Kwen Johnson	$108,192	Livingstone Cam	$91,036
Lage Karen L	$255,718	Lee-Wing Matthew W	$944,207	Lloyd Alissa J	$513,673
Lagowski Michael C	$180,384	Leen Desmond A	$192,456	Lloyd David A	$407,403
Lalonde Genevieve	$133,114	Lehmann Heather	$224,514	Lloyd Robert L[2]	$816,179
Lam David S C	$349,390	Lei Benny T C	$375,665	Lo Evelyn	$176,883
Lam Herman P[3]	$1,133,240	Leicht Richard	$2,386,599	Lo Sze Wut	$63,023
Lam Shirley	$188,023	Leitao Darren J	$355,525	Loader Kenneth R	$305,335
Lamb Julie A	$181,110	Lekic Milos	$61,090	Lobley Jarrett	$124,952
Lamba K S	$232,004	Lekic P Charles	$152,269	Lockman Leonard E	$546,543
Lambert David A	$288,103	Leloka C Mathabo	$339,086	Loepp Christine	$212,149
Lambrechts Hugo	$75,671	Lemoine Gabriel J	$188,901	Loewen Erin D M	$113,402
Lander Mark	$64,149	Lemon Kristin	$85,434	Loewen Shaun K	$129,896
Lane Eric S	$304,513	Lemon Peter W	$232,415	Loewen Sylvia R	$167,424
Lane Margo A	$130,191	Lepage Matthew	$87,249	Lofgren Sandra R	$157,223
Lang Clement	$75,824	Lerner Neal	$302,152	Logan Alison C	$528,777
Langan John T	$413,516	Lesiuk Thomas P	$91,928	Logsetty Sarvesh	$232,706
Langenberger Michael	$75,566	Leslie Howard	$66,396	Loiselle Joel A	$253,529
Langridge James K	$338,324	Leslie Oliver J	$136,765	Long Adrian L	$1,223,462
Large Gregory	$319,744	Leslie William D	$101,630	Longstaffe Albert E	$386,400
Larouche Patricia	$115,552	Letkeman Richard C	$229,757	Longstaffe Sally	$140,381
Lau Yan	$571,708	Leung Edward	$115,025	Lopez Gerald	$73,351
Laurencelle Richard	$62,604	Leung Shing Louis P	$258,616	Lopez Mirtha I	$87,143
Lautenschlager Earl	$100,406	Levi Clifford	$484,840	Lopez Gardner Leonora L	$210,811
Lavallee Barry	$128,262	Levin Brenda L	$445,148	Lorteau Gilles	$71,320
Law Jaimie R	$186,456	Levin Heather	$323,521	Lotocki Robert J	$561,206
Lawrence Patrick H	$631,970	Levin Iwan	$527,098	Loudon Michael	$495,107
Laxton J T W	$115,286	Levy Shauna B	$171,219	Lowden Cameron S	$456,346
Lazar Matthew H	$348,713	Lewis Anthony B	$204,602	Lu Paul B	$209,309
Lazareck Samuel L	$197,652	Leylek Ahmet	$214,550	Lucman Tahir S	$529,469
Lazarus Arie	$385,092	Lezack Jack D	$288,972	Lucy Simon	$361,681
Le Roux Pieter C	$508,728	Li Wei	$250,895	Ludwig Louis	$229,717
Leader Eric	$69,520	Lieberman Dianne K	$329,019	Ludwig Sora M	$289,168
Lebedin Walter W	$364,139	Lindenschmidt Richard B	$382,645	Luk Tse Li	$327,964
Lee Cindy H Y	$182,163	Lindenschmidt Richard R	$372,667	Lukie Brian J	$435,450
Lee Francis F	$358,948	Lindquist Larry V	$557,520	Lulashnyk Ben J	$444,198
Lee Gilbert Q	$259,864	Lindsay Daniel J[2]	$1,299,253	Lum Min Suyin	$196,536
Lee Harvey B	$385,088	Lindsay Deborah A	$70,151	Luong Erica K Y	$210,395
Lee John J Y	$87,033	Lines Jolyon B	$105,193	Lyn Basil E	$54,053
Lee Sandra	$1,126,843	Lint Donald W	$143,098	Lynch Joanna M	$91,379
Lee Trevor J	$412,811	Lipinski Grazyna	$315,394	Lyons Edward A[2]	$766,470

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Lysack David A	$840,612	Man Ada W Y	$57,106	Mazur Stephen	$123,364
Mabin Deborah	$1,020,964	Mancini Enrico V	$151,877	McCammon Richard J	$132,470
MacDiarmid Andrew L	$270,708	Manishen Wayne J	$422,862	McCannell Melanie G	$164,490
MacDonald Peter	$476,007	Manness Robert C	$213,611	McCarthy Brendan G	$339,651
MacDougall Brendan	$223,872	Mansfield John F	$312,038	McCarthy Gerard F	$464,640
MacDougall Eleanor	$180,197	Mansour Hany M S	$276,426	McCarthy Timothy G	$573,818
MacDougall Grant	$615,276	Mansouri Behzad	$979,775	McClarty Blake M[2]	$1,384,893
MacEachern Norman A	$303,867	Manuel Paul	$78,267	McCrae Heather	$139,623
Macek Ralf K W	$273,310	Manusow David	$394,262	McCrea Kristin	$372,729
MacIntosh Ethel L	$485,831	Manzar Asma	$61,637	McDonald Heather D	$320,887
Mackalski Barbara A	$507,320	Marah Muhaned	$424,473	McDonald Patrick J	$162,816
MacKay Michael J	$166,274	Marais Francois	$460,040	McFadden L R	$467,048
Mackenzie G Scott	$519,071	Marantz Jeffrey[2]	$957,319	McFee Colin D	$55,837
Macklem Alan K	$449,905	Mare Abraham C	$380,452	McGill Dustin	$159,488
Macleod Bruce A	$275,837	Marks Seth D	$130,803	McGinn Greg[2]	$1,756,199
MacMahon Ross G	$317,344	Marles Sandra L	$103,333	McGregor Jyoti M	$292,006
MacMillan Michael B	$413,343	Marriott James J	$174,784	McGregor Thomas B	$312,951
MacNair Tracy L	$1,247,439	Marsh David W	$198,532	McIntosh Robbie W	$62,593
Macrodimitris A G	$67,391	Marshall Ken	$56,425	McIntyre Ian L	$264,823
MacTavish James W E	$54,641	Marshall Michele	$93,571	McIntyre Ian W	$283,368
Madison Adena M	$201,676	Martens David B	$328,538	McKay Michael A	$390,000
Magarrell Cynthia	$105,165	Martens M Dawn[2]	$1,283,374	McKenzie Thomas	$121,493
Maguire Doug	$527,675	Martens Raymond	$97,402	McLeod Heather	$56,548
Maharaj Ian G	$395,546	Martens-Barnes Carolyn	$156,993	McLeod Jaret K	$140,356
Maharajh Dave A	$286,767	Martin Daniel	$86,869	McLeod Malcolm	$88,600
Mahay Aric	$349,257	Martin David	$156,582	McMechan Alison	$61,759
Mahay Raj K	$630,157	Martinez Eddsel R	$416,236	McMillan Stewart	$72,663
Mahdi Tahseen	$502,134	Marx Theodore	$78,943	McNaught Jennifer	$172,603
Maier Joanne C	$200,626	Maslow Kenny D	$701,583	McNeill Ann M	$26[illegible],521
Maiti Soubhik	$537,501	Masoud Ibitsam A	$466,253	McPhee James S	$248,346
Major Paul A	$291,430	Mathen Mathen K	$1,230,981	McPhee Lisa C[2]	$130,965
Maksymiuk Andrew W	$212,128	Mathew George	$444,888	McPherson John A M	$205,336
Maksymowicz Anet	$71,799	Mathieson Angela L	$371,335	McPherson Meghan K	$61,889
Malabanan Edilberto	$496,772	Mathison Trina L	$253,436	McTaggart Dawn Lynn	$221,963
Malchy Brian A	$75,238	Matsubara Timothy K	$351,645	McTavish William G	$267,249
Malek-Marzban Peiman	$817,827	Matthews Chris M	$247,745	Medd Thomas M	$101,333
Malekalkalami Azadeh	$121,886	Matthews Nicola	$215,840	Meen Eric K	$355,180
Malik Abid I	$227,951	Maxin Robert	$192,215	Megalli Basali Sherif F	$623,748
Malik Amrit	$484,824	Maxwell Brenda	$69,736	Mehrabi Faranak	$667,828
Malik Bittoo S	$957,380	Mayba Ihor I	$140,204	Mehta Asita	$185,318
Malik Rajnish N	$668,928	Mayba John I	$948,367	Mehta P G	$499,150
Malmstrom Jennifer	$62,501	Maycher Bruce W[2]	$1,097,194	Mekhail Ashraf	$479,121
Malo Steven	$164,221	Mazek Fawzi R E	$818,380	Mellon Aaron M	$582,099
Mammen Thomas	$868,904	Mazhari Ravesh Amir H	$489,417	Melo Alfaro Lindsey C	$106,156

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Memauri Brett F	$426,987	Misra Vasudha	$57,123	Munsamy G K	$452,271
Memon Ghulam	$376,447	Moawad Victor F	$331,844	Murray Garry	$58,738
Memon Rukhsana	$273,019	Moddemann Diane	$213,721	Murray Gerard G	$85,055
Menard Sheila	$325,020	Modirrousta Mandana	$196,556	Murray Ken	$534,083
Menkis Alan H	$167,047	Moffatt Dana C M	$880,790	Muruve Gabriel N	$287,256
Menticoglou Savas	$776,285	Mohamed Mufta A M	$779,327	Mustafa Arjowan	$255,188
Menzies Kara L	$88,032	Mohammed Ismail	$292,970	Mustapha Shareef F	$311,536
Menzies Robert J	$685,334	Moller Erika E	$240,465	Muthiah Karuppan	$584,728
Mercier Nicole	$226,291	Moller Liesel	$366,168	Mutter Thomas C	$306,265
Meredith Melanie J	$209,171	Moller Philip R	$665,408	Myers Renelle L	$395,016
Mestdagh B E	$127,531	Moltzan Catherine	$263,526	Myers William E	$144,168
Mestdagh Robert J	$82,858	Momoh John T	$107,350	Myhre Joel R	$391,713
Mestito Dao Irene	$76,331	Moncek John A	$222,682	Mykytiuk Patricia	$551,241
Meyers Michael	$378,414	Mongru Padma P	$117,410	Mymin David	$50,557
Meyrowitz David M	$260,841	Monkman Lisa M	$124,622	Mysore Muni	$390,403
Meza Vargas Maria S	$404,924	Monson Ronald C	$100,332	Nachtigall Harold	$76,487
Mhanni Aizeddin	$184,469	Monteiro Gerard E	$374,361	Nagpaul Saurabh	$446,997
Mian Muhammad	$258,879	Moody Jane K	$186,171	Nagra Sunit	$317,565
Micflikier Allan B	$1,912,968	Moon Michael	$554,665	Naidoo Jenisa[1]	$27,049,223
Migally Samir E B	$256,433	Mooney Owen T	$71,610	Naidoo Shireen P[1]	$8,484,348
Mikhaiel Sameh	$405,649	Moore Ross F	$311,543	Nair Anil	$212,781
Mikhail Antoinett	$209,055	Moosa Alisha	$121,573	Nair Unni K	$291,940
Mikhail Samy N F	$462,039	Moran De Muller Karen	$742,713	Narasimhan Sowmya	$52,745
Milambiling Ernesto M	$400,024	Morham Anthony	$287,602	Narvey E Bruce	$65,669
Milambiling Ligaya C	$236,590	Morier Gisele S	$126,313	Nashed Maged	$183,925
Milbrandt Kristophe	$57,458	Morris Amanda F	$138,312	Nason Richard W	$343,482
Miller David L	$397,645	Morris Andrew L	$446,266	Nasr Nagwa Y I	$462,663
Miller Donald M	$483,335	Morris Glenn S	$234,943	Nasser-Sharif M	$248,437
Miller Lisa	$425,222	Morris Margaret	$200,931	Nates Wayne A	$271,607
Miller Tamara L	$328,154	Morris Melanie	$220,761	Naugler Sharon	$68,472
Milligan Brian E	$390,815	Mostert Francois	$156,422	Nause Leanne N	$344,106
Millo Noam Z	$805,146	Mottola Jeffrey C[2]	$633,542	Nawrocka Dorota	$161,570
Milner John F	$710,088	Mousavi-Sarsari Seyed-Ami	$215,284	Nazar-Ul-Iman Saiyed	$630,882
Minders Carine	$60,297	Mouton Robert W	$280,810	Nejad Ghaffar Shahrokh	$292,829
Minders Lodewyk	$284,508	Mowchun Leon	$116,230	Nell Antoine M	$597,646
Minhas Kunal K S	$1,135,222	Mowchun Neil	$282,342	Nelson Michael	$96,023
Mink Steven	$248,543	Mshiu Merlyn	$519,940	Nemeth Peter	$382,610
Mintz Steven L	$101,137	Muirhead Brian	$281,708	Nepon Jack	$532,363
Minuk Darrell	$57,439	Mukty Mahmuda A	$304,759	Nepon Josh	$249,745
Minuk Earl	$270,477	Mulhall Dale	$112,542	Neufeld Gregory M	$88,994
Minuk Gerald	$134,510	Mulholland Conor P	$52,156	Neufeld Joanna	$51,631
Miranda Gilbert	$134,621	Muller Diederik	$62,609	Newman Suzanne	$304,775
Mis Andrew A	$491,639	Muller Delgado Helmuth A	$455,222	Ng Marcus C	$153,789
Miskiewicz Laura M	$163,862	Mundle Scott	$55,864	Nguyen Khai M	$310,533

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Nguyen Lien	$294,144	Pacin Ondrej	$272,856	Pelissier Rosalie	$88,256
Nguyen Minh H	$394,429	Pacin Stefan	$446,089	Penner Charles G	$180,367
Nguyen Tai Van	$277,674	Padeanu Florin T	$221,348	Penner Kurt	$171,723
Nguyen Thang N	$327,913	Padua Rodolfo N	$221,687	Penner Stanley B	$338,548
Nigam Rashmi	$623,309	Paetkau Don	$212,899	Penrose Michael	$420,700
Nijjar Satnam S	$698,306	Palatnick Carrie S	$474,048	Pepelassis Dionysios	$194,548
Niraula Saroj	$90,344	Pambrun Paul	$113,107	Peretz David	$682,304
Njionhou Kemeni Marie M	$340,041	Panaskevich Tatiana	$744,575	Perkins Greg	$53,395
Nkosi Joel E	$309,635	Pandey Anil K	$204,499	Perlov Jack	$264,699
Nnabuchi Emmanuel	$116,766	Pandian Alagarsam	$623,458	Permack Sheldon M	$300,207
Noel Colin	$609,824	Pandurangan Suresh	$381,395	Perrett Mark	$78,357
Noel Marie L	$62,136	Pang Eileen G	$184,878	Perry Daryl I	$535,144
Nolan Meagan D	$108,291	Pannu Fazeelat	$355,513	Peschken Christine	$130,570
Noseworthy Graham	$113,776	Papegnies Derek	$84,676	Pesun Igor J	$92,722
Nostedt Michelle	$182,332	Papetti Selena	$331,916	Peters Brian	$536,952
Nugent Linda M	$363,903	Paquin Francine	$146,304	Peters Harold O	$171,095
Nyomba Balangu L	$183,322	Paquin Isabelle	$239,706	Peters Hein	$342,138
O'Hagan David B	$543,459	Paracha Muhammad	$102,808	Peters Ruth	$230,632
O'Keeffe Kieran M	$202,142	Parham Shelley M	$111,154	Peterson John D	$280,573
Ochonska Margaret	$431,040	Park Jason	$441,489	Petrilli Lori A	$78,903
Ogaranko C P	$217,653	Parker Kenneth R	$302,244	Pfeifer Leia	$71,954
Okoye Chijioke	$182,633	Parker William R	$380,690	Phillips Michael L	$238,098
Old Jason	$330,676	Partap Nadine A	$128,279	Pickard Kathleen	$177,731
Olin Gerald M	$53,105	Partridge Gordon	$75,075	Pickering B	$93,343
Oliver Jered	$79,802	Partyka Joseph W	$443,552	Pickering Christine	$313,066
Olivier Erin P	$331,001	Pascoe Edward A	$451,625	Pierce Garvin W	$1,561,708
Olson Robyn L	$254,497	Paskvalin Mario	$252,601	Pieterse Wickus	$612,964
Olynyk Fred	$193,160	Pasterkamp Hans	$191,648	Pilat Edward J	$332,360
Omelan Craig K	$219,629	Patel Leena R	$278,882	Pilkey Bradley D	$693,057
Omichinski L Michael	$491,624	Patel Praful C	$820,963	Pillay P G	$353,916
Ong Aldrich	$204,873	Patel Pravin C	$409,481	Pinder Michael	$285,122
Ong Bill Y	$661,712	Patel R C	$544,702	Pinette Gilles D	$677,821
Ong George H	$443,591	Patel S V	$364,620	Pinniger Gregory W	$269,422
Onotera Rodney T	$187,587	Patel Sunil P	$244,790	Pintin-Quezada Julio	$435,361
Onyshko Daniel J	$443,829	Patenaude Amanda F	$694,904	Pinto Vilela Hugo	$240,764
Opejin Adetola A	$63,630	Paterson Corinne R	$502,847	Pio Anton	$473,171
Ormiston John D	$395,855	Pathak Kumar A	$664,428	Pirzada Munir A	$345,459
Orr Pamela	$178,886	Pather Adashnee	$164,021	Pittman Patricia	$180,670
Osei-Bonsu Adelaide	$286,736	Paul Niranjan	$200,938	Pitz Marshall	$99,123
Osler F Gigi	$242,608	Pauls Ryan J	$379,859	Plueschow Michael	$54,889
Owojori Olagoke B	$415,246	Paulson Charles K	$119,361	Poettcker Robert J	$396,122
Owusu Nana	$112,932	Pawlak Jerzy	$71,061	Polimeni Christine	$150,176
Pachal Cindy Ann	$250,811	Pederson Kristen	$120,957	Poliquin Philippe	$86,386
Pacin Alojz	$123,604	Peled Elia	$61,970	Poliquin Vanessa	$64,446

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Pollet Virginie	$66,202	Rae Peter E	$80,182	Richardson Cindy J	$442,166
Pollock Bradley	$627,693	Rafay Mubeen F	$123,161	Riche Barry[3]	$541,752
Ponnampalam Arjuna [1]	$53,822	Raghavendran S	$321,908	Ridah Dekrayat	$149,107
Poon Julius C	$60,639	Rahman Jennifer	$845,816	Rigatto Claudio	$539,466
Poon Wayne W C	$297,158	Rahman Mujibur	$190,908	Rimmer Emily K	$156,257
Pooyania Sepideh	$496,893	Raimondi Christina	$222,701	Ring Heather	$325,244
Popoff Daryl	$224,933	Rajamohan Raja R	$649,278	Ringaert Ken	$196,028
Popowich Shaundra	$374,722	Rajani Kantilal	$426,240	Ritchie Brian A	$353,652
Porath Nicole	$221,458	Ramadan Abdul N	$298,466	Ritchie Janet	$280,434
Porhownik Nancy R	$549,640	Ramgoolam Rajen	$414,752	Rivard Justin D	$206,839
Porter Donald	$55,992	Ramsay James A	$116,599	Rizk Abdalla M	$440,041
Possia Curtis	$54,501	Ramsey Clare D	$157,543	Roberts Janet R	$303,680
Postl Brian	$95,535	Randolph Jeanne L	$92,743	Roberts Kris A	$249,327
Poulin Ginette R	$122,000	Randunne Avanthi	$495,455	Roberts Melville	$57,079
Pozeg Zlatko I	$593,117	Randunne Ayodya S	$531,411	Robertson Gordon A	$61,028
Prasad Benjamin	$269,321	Ratson Gary A	$66,137	Robillard Susan C	$209,698
Preachuk Chris T J	$464,898	Ratwatte Shirantha	$324,447	Robinson C Corrine	$296,807
Prematilake Suraj P	$382,244	Raubenheimer Johann P	$570,498	Robinson Christine	$159,147
Prenovault Jean	$417,288	Rauch Johan F	$821,740	Robinson David B	$249,136
Pretorius Alexander	$235,304	Ravandi Amir	$822,062	Robinson Debbie J	$435,806
Pretorius Luzelle L	$98,793	Rawoof Ragad H	$374,450	Robinson Gillian	$75,106
Price James	$290,993	Raza Irfan	$508,432	Robinson James	$587,837
Prinsloo Jochemus	$413,615	Recksiedler Carmen	$122,669	Robinson Wesley K	$357,166
Pritchard Paul	$88,377	Rehal Ranjodh S	$309,827	Rocha Guillermo	$1,313,657
Prober Mark Alan	$253,357	Rehsia Davinder	$696,957	Roche Gavin	$335,553
Prodan Orest	$111,513	Rehsia Navneet S	$288,897	Rodd Celia J	$115,730
Psooy Karen J	$132,459	Rehsia Sabeer S	$276,611	Rodriguez Marre Ildegul	$295,009
Pukay Gregory L	$62,365	Rehsia Sach I	$109,815	Roe Bruce E	$133,395
Punter Fiona	$283,533	Reid Gregory J	$439,293	Roets Willem G	$94,641
Putnins Charles	$149,401	Reimer Darren K	$251,475	Rogozinska Ludwika	$364,416
Puttaert Douglas	$157,958	Reimer David J	$607,736	Rohald Pam	$469,323
Pylypjuk Christy L	$324,843	Reimer Heinz	$213,595	Roman Manal	$357,236
Pymar Helen C	$364,997	Reimer Murray B	$285,970	Roman Nader	$350,231
Qadir Munir	$237,491	Reinecke Marina	$130,453	Roos Paul J	$80,742
Quesada Ricardo	$360,489	Reinhorn Martin	$86,608	Root John C	$54,276
Quon Harvey C	$194,335	Rempel Regina R	$189,227	Rosario Rosa	$175,879
Qureshi Bilquis	$93,529	Reslerova Martina	$686,466	Rosenblat Kara	$69,301
Qureshi Rizwan	$460,118	Reyneke Annemie	$436,527	Rosenthal Peter	$221,263
Raabe Michael A	$557,780	Reynolds James L [4]	$343,171	Rosner Bruce	$73,099
Raban Roshan	$284,240	Reynolds Jody J[2]	$734,413	Ross F Kath	$229,836
Rabson John L R	$1,161,659	Rezazadeh Shadi	$349,886	Ross Frederick	$107,158
Racette Therese	$79,703	Rhoma Salahalde	$485,351	Ross James F	$825,508
Radawiec Jocelyn	$50,540	Rice Patrick	$288,893	Ross Jay J	$226,159
Radulovic Dejana	$729,653	Rich Alan D	$302,402	Ross Lonny L	$380,125

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Ross Timothy K	$361,432	Saran Kanwal D	$163,540	Sethi Krishan	$223,163
Rothova Anna	$365,605	Saranchuk Jeffery W	$425,324	Sethi Subash	$240,819
Roussin Brent C	$217,596	Sareen Jitender	$116,013	Sewell Gary	$152,414
Roux Jan G	$327,193	Sareen Sanjay	$515,778	Shah Bharat	$383,907
Rowe Richard C	$208,953	Sarlas Evangelos	$215,367	Shah Pallav J	$284,993
Roy Danielle	$262,897	Sasse Sara G	$257,544	Shah Syed A A	$92,199
Roy Maurice J	$243,572	Sathiamoorthy Marutha	$56,210	Shahzad Seema	$424,857
Rubinstein Ethan	$126,952	Sathianathan Christie	$774,211	Shaikh Nasir	$470,879
Ruddock Deanne L	$342,404	Saunders Kevin	$213,991	Shaker Marian	$577,321
Rumbolt Brian R	$363,976	Savage Bonita	$323,981	Shane Marvin	$393,078
Rusen Jack B	$325,080	Sawchuk Jason P	$101,523	Shapiro Sean M	$68,171
Rusen Sara M	$63,993	Sawka Sandra E	$1,492,676	Shariati Majid	$345,468
Rush David N	$166,143	Sawyer Jeremy A	$395,715	Sharkey James B	$485,080
Rusnak Barry	$52,071	Sawyer Scott K	$67,534	Sharkey Rowan D	$118,235
Russell Samantha	$417,163	Schacter Brent A	$90,440	Sharma Atul	$143,710
Rust Gordon	$90,112	Schaeffer D	$82,717	Sharma Satyendra	$319,302
Rust Len	$161,649	Schaffer Stephen A	$105,208	Shatsky Morley	$393,654
Ryall Lorne A	$102,612	Schantz Daryl	$250,253	Shell Melanie	$306,081
Ryz Krista S	$93,799	Schaub Johann C	$51,411	Shelton Nadine H	$79,930
Saadia Roger	$281,391	Schellenberg John D	$239,322	Shelton Paul A	$204,069
Saadia Vivien	$191,315	Schellenberg Kerri L	$192,461	Shenoda Kamal L M	$462,189
Sabapathi Karthik	$294,894	Schellenberg William C	$364,682	Shenouda Mervat	$327,652
Sabeski Lynne M	$430,187	Schifke Bret K	$209,965	Shenouda Phebe F S	$332,186
Saffari Hamideh	$174,427	Schifke William G	$235,136	Shepertycky Martha R	$542,654
Saint-Hilaire Melanie	$148,116	Schledewitz I L	$57,924	Sheps Daniel J	$125,479
Sakla Mary S S	$362,415	Schmidt Brian J	$153,262	Sheps Michael D	$1,055,357
Sala Tanya N	$172,179	Schmidt Daphne	$65,156	Sherbo Ehren	$106,972
Salamon Elizabeth	$831,591	Schneider Carol E	$405,584	Shiffman Frank H	$410,666
Saleem Ashfaq	$58,309	Schoeman Adi Mari	$74,524	Shokri Mohammad	$437,086
Salem Fayez	$669,452	Schroeder Alvin N	$322,506	Shoukry Sahar	$181,208
Salib Wagdi W M	$393,753	Schroeder Garry	$127,258	Shuckett Paul	$342,006
Salman Michael S	$96,275	Schur Natalie K	$400,025	Shumsky David	$121,219
Salter Jennifer	$175,059	Schwartz Leonard D	$372,553	Shunmugam Ravendren	$1,223,798
Salter-Oliver Belynda A	$167,849	Scott Jason	$621,282	Sickert Helga G	$84,469
Sam Angela	$1,015,642	Scott Sara	$284,565	Sidarous Amal M	$331,889
Sam Diana	$197,748	Seager Mary Jane	$459,271	Siddiqui Faisal S	$182,923
Samborski Cory	$62,418	Sefidgar Mehdi	$122,494	Sidhom Cherine R	$482,721
Sami Sahar	$261,202	Segstro Ronald J	$149,252	Sidhu Gurveen K	$166,323
Samoil Mary F S	$338,228	Seifer Colette M	$464,186	Sidra Gerges Maged E	$369,969
Samuels Lewis	$515,889	Seitz Andrew R	$282,668	Sigurdson Eric	$118,794
Sanders Robert W	$154,449	Selaman Mustafa H	$150,977	Sigurdson Leif John	$1,213,212
Sandhu Sukhbir S	$629,105	Sellers Elizabeth	$87,556	Sikora Felix J	$358,027
Santdasani Sanjay K	$403,550	Semus Michael J	$222,195	Silagy Stewart	$706,868
Santos Sylvia	$260,643	Sen Robin	$197,272	Silha Josef	$1,192,266

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Silhova Dasa	$186,355	Smith Riley	$172,976	Stroh Gregory	$178,357
Silvaggio Joseph	$169,521	Smith Robert G	$227,324	Stronger Lyle	$288,541
Silver Carla D	$194,789	Smith Roy W	$254,315	Strumpher Johann	$342,695
Silver Norman A	$420,631	Smith Shannon	$126,966	Strzelczyk Jacek[2]	$342,953
Silver Shane	$1,806,020	Sneath Jason	$1,168,473	Sud Anil K	$646,832
Silverman Richard E	$274,754	Snovida Lioubov	$276,902	Suderman Josiah L	$74,029
Simard-Chiu Leslie A	$172,744	Sochocki Michael P	$307,786	Sullivan Michael	$121,413
Simm James F	$265,519	Sodhi Vijay K	$321,377	Sullivan Tara	$104,003
Simons Frances E	$77,005	Soliman Magdi F L	$698,602	Suski Lisa	$50,447
Simonsen J Neil	$121,962	Sommer Hillel M	$333,129	Suss Roger	$53,207
Simonson Don W	$336,896	Soni Anita	$382,438	Susser Moses M	$199,461
Sin Tra	$184,021	Soni Nandini R	$392,657	Sutherland Donna E	$347,611
Singal Rohit K	$412,684	Sookermany Natasha	$122,498	Sutherland Eric N	$532,429
Singer Alexander	$53,400	Sookhoo Siuchan	$768,468	Sutherland Ian Scott	$159,799
Singer Marilyn	$109,276	Speer Margaret	$269,202	Sutherland James G	$250,482
Singh Amarjit	$254,686	Speirs Robert	$56,244	Sutter Joan A	$354,315
Singh Gurbalbir	$508,427	Srichandra Withaya	$176,026	Sutton Ian R	$458,177
Singh Harminder	$351,118	Srinathan Sadesh K	$314,538	Swartz Jo S	$71,919
Singh Mohinder	$206,428	St Goddard Jennifer	$251,070	Swenarchuk Gregory	$72,707
Singh Neal	$111,711	St John Philip D	$331,734	Symchych Mark	$67,906
Singh Ramandip	$150,300	St Vincent Anthony	$312,786	Szajkowski Stanley	$251,366
Singh Ricky D	$283,046	Stanko Lorraine	$456,692	Szajkowski Terrence	$297,294
Singh Tajinder	$169,739	Stearns Eric L	$99,309	Szaky Thomas	$94,616
Singh-Enns Sonia	$90,345	Stefanyshen Grant S	$109,745	Szwajcer David	$155,664
Sinha Meera	$274,457	Steinberg Robert J	$231,067	T Jong Geert W	$98,556
Sinha Sachchida	$517,649	Stelzer Jose	$312,283	Tadrous Jacquelin	$199,913
Sivananthan Kamalanay	$195,979	Stephensen Michael C	$192,517	Tam James W	$473,899
Siyih Mahysin	$149,830	Stewart Gregory B	$61,507	Tamayo Mendoza Jesus A	$419,036
Skakum Kurt K	$156,535	Stimpson Ross	$121,864	Tan Edward	$309,245
Skead Lennard	$498,688	Stitt Alan	$63,436	Tan Lawrence	$442,565
Skinner James T	$67,771	Stitt Gerald P	$65,567	Tan Stephanie	$78,639
Skrabek Pamela J	$190,545	Stitt Robert L	$51,882	Tang-Wai Robert	$314,519
Skrabek Ryan Q	$578,521	Stitz Marshall	$374,329	Tangri Navdeep	$306,498
Sloan Gary W	$192,339	Stockl Frank A	$1,825,025	Tapper Jason A	$641,181
Slutchuk Marvin	$266,357	Stoffman Jayson M	$71,237	Taraska Victoria	$780,069
Smal Samuel J	$257,964	Stone Jasper D	$514,854	Taraska Vincent A	$732,650
Small Elizabeth	$94,946	Storoschuk Gregory W	$290,155	Targownik Laura E	$305,091
Small Luke	$93,365	Storsley Leroy J	$544,858	Tariq Muhammad	$309,494
Smil Eva	$330,418	Stoski Roxann M[2]	$479,269	Tassi Hisham	$191,852
Smith Catherine	$201,400	Stoykewych A A	$57,014	Tawfik Viola L	$196,376
Smith Heather L	$85,156	Strang David G	$194,838	Tawfik Helmy Safaa	$290,066
Smith Hugh W E	$139,299	Stranges Gregory A	$410,693	Taylor Hugh R	$599,772
Smith John R M	$106,158	Strank Roydan K	$170,607	Taylor Perry D	$78,298
Smith Louis F	$567,368	Stroescu Daniela V	$259,129	Taylor Susan N	$613,569

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Tegg Tyler	$112,356	Turgeon Thomas	$377,903	Vipulananthan V	$474,731
Tenenbein Marshall	$388,150	Turner David R	$399,236	Visch Shawn H R	$187,754
Teo Swee L	$275,086	Turner Robert B	$566,281	Visser Gerhardt	$556,112
Theodore Gene M	$288,177	Turner Trent	$113,928	Vivian Mark A[2]	$555,741
Therrien Daniel J	$88,871	Ungarian Jillian	$315,356	Vlok Nicolaas	$378,915
Thess Bernard A	$575,886	Unger Jason B A	$214,828	Vo Minh	$768,611
Thiessen Richard J	$66,579	Unruh Helmut W	$247,244	Vorster Alewyn P	$70,976
Thille Suzanne M	$121,805	Uys Tharina	$388,625	Vosoughi Reza	$235,751
Thomas Shawn T	$363,483	Uzwyshyn Mira	$144,460	Vuksanovic Milos V M	$481,295
Thompson Susan B	$226,391	Van Royce	$116,019	Wadhwa Vikram S[2]	$752,910
Thompson Thomas R	$183,915	Van Alstyne Murray	$550,532	Wahba Hanna Talaat W	$464,382
Thomson Brent R J	$95,124	Van Ameyde Kenneth J	$121,695	Wahl Kory	$61,885
Thomson Glen T D	$169,740	Van Amstel Leanne L[2]	$308,881	Wakeman M Stewart	$62,424
Thomson Ian R	$202,066	Van Dam Averi	$98,889	Waldman Jeffrey C	$367,369
Thorlakson Derek	$212,625	Van De Velde Rochelle	$282,663	Walkty Andrew	$135,102
Thorlakson Ian J	$230,804	Van Den Heever Jesaja W	$438,778	Wallace Sharon E	$367,075
Thorleifson Mullein D	$300,946	Van Der Byl Gwynneth	$209,241	Walli John Eric	$174,020
Thottingal Anthony P	$66,465	Van Der Zweep John	$538,926	Walters Justin J[3]	$858,576
Thwala Andrea B	$277,921	Van Ineveld Cornelia	$175,281	Walters Leslea A	$164,447
Timmerman Daniel	$88,449	Van Jaarsveldt Werner	$405,486	Warden Sarah K	$201,394
Tischenko Alexander	$461,582	Van Niekerk Etienne	$197,337	Warkentin Ray	$437,182
Tissera Ponsuge A	$549,141	Van Rensburg C Janse	$403,384	Warraich Naseer	$491,081
Todary Fahmy Yvette	$291,363	Van Rensburg P D Janse	$521,315	Warraich Navroop	$129,920
Toews Karen A	$396,171	Van Rooyen M Louis	$671,308	Warrian R Keith	$301,406
Tole Gerald D	$64,161	Vanderwert Ruwani T	$327,340	Warrian William G	$66,904
Toleva Olga I	$450,272	Vattheuer Annabel	$107,710	Warrington Richard	$258,096
Tomy Kerri	$140,863	Venditti Marcello	$178,614	Wasef Mervat S	$307,156
Toole John W P	$688,252	Vendramelli Mark P	$198,304	Watkins Neal	$50,623
Torres Monica	$172,824	Venkatesan Nithya	$154,729	Watters Timothy	$179,099
Toth Janos M	$56,605	Venter Dirk J	$71,423	Weihs Ronald	$79,689
Townsend Benjamin	$56,691	Vergis Ashley	$567,280	Werier Jonathan	$394,774
Tran Cuc P	$480,715	Verity Shawn D	$265,948	West Michael	$277,959
Trepel Simon	$69,394	Verma Mradula R	$497,496	White Bruce K	$420,031
Trinh Hang	$164,441	Vermaak C J	$93,089	White Sandra	$112,136
Tsang Dominic	$448,306	Vernon James	$498,790	White Vaughn P	$72,468
Tsang James F	$541,296	Verrelli Mauro[3]	$338,603	Whittaker Danella	$132,943
Tsang Mae Tina	$140,074	Viallet Norbert R	$410,441	Whittaker Elizabeth	$242,867
Tse Wai Ching	$131,646	Vicari Denise	$78,693	Wickert Wayne A	$283,159
Tsuyuki Sean H[2]	$1,729,336	Vickar Eric L	$389,138	Wicklow Brandy A	$101,498
Tufescu Ted	$520,802	Vignudo Silvia	$448,227	Widdifield Hillary E	$150,631
Tulloch Heather V	$149,465	Villeneuve Pierre-Ma	$100,836	Wiebe Ghita A	$103,291
Tung Taranjit	$470,517	Vincent Daniel A	$213,762	Wiebe Kevin	$99,308
Tunovic Edin	$150,446	Violago Francisco	$297,920	Wiebe Sandra	$318,848
Turabian B Michael	$671,028	Vipulananthan Manohary	$493,396	Wiebe Tannis H	$330,133

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Wiens Anthony V	$509,122	Wolfe Kevin B	$575,795	Yip Benson	$425,630
Wiens James J	$716,825	Wolfe Scott A	$428,842	Young Brent C	$220,365
Wiens John L	$265,585	Wong Adelaine	$385,765	Young Jeanne	$170,414
Wiesenthal Benjamin	$153,058	Wong Clint S	$559,694	Young R Shawn	$401,227
Willard Martha Jo	$195,539	Wong Harley	$273,717	Youssef Nermeen	$206,322
Willemse Pieter	$708,398	Wong Ralph P W	$384,107	Yu Adelicia	$725,680
William Nihad	$118,076	Wong Simon W C	$290,046	Yuoness Salem A [4]	$852,161
Williams Owen R T	$220,354	Wong Siu Hung	$72,878	Zabib Nassr A	$482,593
Williamson D	$156,861	Wong Stephen G	$281,341	Zabolotny Brent P	$447,239
Williamson Kelvin W	$540,413	Wong Turnly	$315,038	Zacharias James[3]	$782,483
Willows Jim R	$499,404	Woo Casey	$404,396	Zaki Amel E	$298,800
Wilson Gregory P	$418,174	Woo Nobby	$734,295	Zaki Magdy F	$528,151
Wilson Murray[2]	$1,741,277	Woo Vincent C	$746,205	Zeiler Fred	$830,199
Winistok William	$150,239	Woolford Bonnie L	$55,625	Zhang Jing	$116,020
Winning Kyle J	$418,608	Wourms Vincent P	$421,788	Ziada Mohammed	$58,008
Winogrodzka Christina	$390,833	Wowk-Litwin Maria Lee	$179,449	Ziaei Saba Shahnaz	$289,868
Winogrodzki Arthur	$159,536	Yaffe Clifford	$627,646	Zieroth Shelley R	$198,376
Winzoski T	$95,566	Yale Robert	$95,879	Ziesmann Manfred	$828,771
Wirch M Faye	$78,425	Yamamoto Kenneth	$329,972	Zimmer Kenneth W	$356,683
Wirtzfeld Debrah	$334,359	Yamsuan Marlen	$217,980	Ziomek Anna M	$259,459
Wiseman Marni C	$952,119	Yankovsky Alexei	$415,595	Zohrab-Beik Amir	$311,247
Wiseman Nathan	$239,355	Yanofsky Rochelle	$78,343	Zoppa Robert	$578,822
Woelk Cornelius	$297,650	Yeung Clement	$331,110		

Explanatory Notes:

(1) *Director of a private laboratory facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 128-130 for list of facilities).*

(2) *Director of a private radiology facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 130-133 for list of facilities).*

(3) *Billings for dialysis services representing the work of more than one physician. (See page 133 for list of facilities).*

(4) *Director of a nuclear medicine facility. Services may be provided by a group of practitioners, but are billed in the name of a single practitioner for administrative efficiencies. (See page 133 for list of facilities).*

Laboratory Directors and Facilities

Kabani Amin M	Altona Community Memorial Health Centre
	Arborg & District Health Centre
	Beausejour Health Centre
	Bethesda Hospital - Steinbach
	Birtle Health Centre
	Boissevain Health Centre

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Boundary Trails Health Centre - Winkler
Carberry and District Health Centre
Carman Memorial Hospital
Churchill Health Centre
Concordia Hospital
Dauphin Regional Health Centre
Deer Lodge Centre
Deloraine Health Centre
DeSalaberry District Health Centre - St. Pierre-Jolys
E. M. Crowe Hospital - Eriksdale
Erickson District Health Centre
Flin Flon General Hospital
Gillam Hospital
Glenboro Health Centre
Grace General Hospital
Grandview District Hospital
Hamiota District Health Centre
Health Sciences Centre
Hunter Memorial Hospital - Teulon
Johnson Memorial Hospital - Gimli
Lakeshore General Hospital - Ashern
Leaf Rapids Health Centre
Lorne Memorial Hospital - Swan Lake
Lynn Lake Hospital
Melita Health Centre
Minnedosa Health Centre
Misericordia Health Centre
Morris Hospital
Mount Carmel Clinic
Neepawa Hospital
Notre Dame Hospital
Pembina Manitou Health Centre
Pinawa Hospital
Pine Falls Health Complex
Portage District General Hospital
Riverdale Health Centre - Rivers
Riverview Health Centre
Roblin District Health Centre
Rock Lake Health District Hospital - Crystal City
Rossburn District Health Centre
Russell Health Centre
Selkirk & District General Hospital
Seven Oaks General Hospital
Seven Regions Health Centre - Gladstone
Shoal Lake Strathclair Health Centre
Snow Lake Hospital

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	Solid Organ Transplant Immunology Laboratory
	Souris Hospital
	St. Boniface Hospital
	St. Claude Health Centre
	Ste. Anne Hospital
	Ste. Rose District Hospital
	Stonewall and District Health Centre
	Swan Valley Health Centre - Swan River
	The Pas Health Complex
	Thompson General Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Victoria General Hospital
	Virden Health Centre
	Vita & District Health Centre
	Wawanesa Health Centre
	Westman Regional Laboratory Services Inc.
	Women's Health Clinic (Portage Ave)
Ponnampalam Arjuna	CancerCare Manitoba - Hematology Laboratory
Naidoo Jenisa	Gamma Dynacare SL (790 Sherbrook St)
	Gamma-Dynacare Medical Laboratory
	Lakewood Medical Centre
Naidoo Shireen P	Unicity Laboratory Services (McPhillips)
	Unicity Laboratory Services (Pembina)
	Unicity Laboratory Services SL (1020 Lorimer Boulevard)
	Unicity Laboratory Services SL (1210 Rothesay Street)
	Unicity Laboratory Services SL (200 Goulet Street)
	Unicity Laboratory Services SL (208 Regent Avenue West)
	Unicity Laboratory Services SL (2536 Main Street)
	Unicity Laboratory Services SL (3360 Roblin Blvd)
	Unicity Laboratory Services SL (343 Tache Avenue)
	Unicity Laboratory Services SL (355 Ellice Avenue)
	Unicity Laboratory Services SL (708 Park Avenue east)
	Unicity Laboratory Services SL (918 Park)

Radiology Directors and Facilities

Avila Flores Francisco	Erickson District Health Centre
	Hamiota District Health Centre
	Minnedosa Health Centre

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	Neepawa Hospital
	Riverdale Health Centre - Rivers
	Roblin District Health Centre
	Russell Health Centre
	Shoal Lake Strathclair Health Centre
	Swan Valley Health Centre - Swan River
Brooker Gary M	MacGregor & District Health Centre
	Portage District General Hospital
	Seven Regions Health Centre - Gladstone
Bunge Martin K	Health Sciences Centre- Children's Hospital
	Pritchard Farm X-ray Clinic
	Rothesay X-ray Clinic
	Ste. Rose District Hospital
	Transcona X-ray Clinic
Cassano-Bailey Alessandr	Seven Oaks General Hospital
Dashefsky Sidney M	Churchill Health Centre
	Health Sciences Centre
Davidson J Michael	Legacy X-ray Clinic
	Manitoba X-ray Clinic (Concordia)
	Pan Am (WRHA)-Pain Clinic
	Pan Am Clinic (WRHA)
	Pan Am Clinic- Investors Group Field Location
	Pan Am Clinic- MTS Centre location
	Pan Am Clinic X-ray
	Pan Am(WRHA)-Operating Room
	Seven Oaks X-ray Clinic
Eaglesham Hugh	Assiniboine Clinic X-Ray
	Lakewood Medical Centre
	Meadowood X-ray Clinic
	Unicity Laboratory Services SL (1020 Lorimer Boulevard)
	Unicity Laboratory Services SL (355 Ellice Avenue)
	Unicity X-ray (Roblin)
	Winnipeg Clinic
Fung Harold	Boissevain Health Centre
	Brandon Regional Health Centre
	Carberry and District Health Centre
	Deloraine Health Centre
	Glenboro Health Centre
	Melita Health Centre
	Souris Hospital
	Tiger Hills Health Centre-Treherne
	Tri-Lake Health Centre-Killarney
	Virden Health Centre
	Wawanesa Health Centre
Goubran Ashraf W	St. Boniface Hospital
Hardy Brian	Health Sciences Centre

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Harrison Wayne D	Brandon Clinic Medical Corporation
	Clement Block Laboratory and X-ray Services
Jacob Mary V	C.W. Wiebe Medical Centre
Lindsay Daniel J	Arborg & District Health Centre
	Dauphin Regional Health Centre
	E. M. Crowe Hospital - Eriksdale
	Flin Flon General Hospital
	Gillam Hospital
	Hunter Memorial Hospital - Teulon
	Johnson Memorial Hospital - Gimli
	Lac du Bonnet District Health Centre
	Lakeshore General Hospital - Ashern
	Lynn Lake Hospital
	Selkirk & District General Hospital
	Snow Lake Hospital
	Stonewall and District Health Centre
	The Pas Health Complex
	Thompson General Hospital
Lloyd Robert L	Altona Community Memorial Health Centre
	Bethesda Hospital - Steinbach
	Boundary Trails Health Centre - Winkler
	Carman Memorial Hospital
	DeSalaberry District Health Centre - St. Pierre-Jolys
	Lorne Memorial Hospital - Swan Lake
	Morris Hospital
	Notre Dame Hospital
	Rock Lake Health District Hospital - Crystal City
	Ste. Anne Hospital
	Vita & District Health Centre
Lyons Edward A	Beausejour Health Centre
	Maples Surgical Centre
Maycher Bruce W	St. Boniface Hospital
Martens M Dawn	Radiology Consultants of Winnipeg LTD (Grant)
	Radiology Consultants of Winnipeg Medical Corporation (Main St)
	Radiology Consultants of Winnipeg Medical Corporation (Pembina)
Marantz Jeffrey	Health Sciences Centre
	Manitoba Clinic
	Mount Carmel Clinic
McClarty Blake M	Pinawa Hospital
	Pine Falls Health Complex
	St. Boniface Hospital
McGinn Greg	Manitoba X-ray Clinic (Tache)
McPhee Lisa C	Manitoba X-ray Clinc (Henderson)
	Manitoba X-ray Clinic (Portage)

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Mottola Jeffrey C	Health Sciences Centre
	WRHA MRI Clinic
Reynolds Jody J	Deer Lodge Centre
	Grace General Hospital
	St. Boniface Hospital
Stoski Roxann M	Concordia Hospital
Strzelczyk Jacek	St. Amant Centre
Tsuyuki Sean H	Misericordia Health Centre
	Riverview Health Centre
	Tache Facilities Limited
Van Amstel Leanne L	Arborg & District Health Centre
Vivian Mark A	Victoria General Hospital
Wilson Murray	Breast Health Centre
	BreastCheck-CancerCare MB (Brandon)
	BreastCheck-CancerCare MB (Wpg)
	Max Clinic LTD
Wadhwa Vikram S	Churchill Health Centre

Dialysis Directors and Facilities

Bueti Giuseppe	HSC Renal Program
Lam Herman P	HSC Central Dialysis Unit
Allan Donald R	Sherbrook Centre Dialysis Unit
Zacharias James	HSC Home Hemodialysis
	Manitoba Local Centres Dialysis Unites
Armstrong Sean	SOGH Renal Program
Komenda Paul V J	SOGH Home Hemodialysis
Verrelli Mauro	SBH Renal Program
	SBH Peritoneal Dialysis
Walters Justin J	SBH Hemodialysis
Riche Barry	Brandon Regional Health Centre Renal Health Program

Nuclear Medicine Directors and Facilities

Dupont J O	Nuclear Medicine Consultants
Reynolds James L	Grace General Hospital
Yuoness Salem A	Brandon Regional Health Centre

APPENDIX I – SUMMARY OF STATUTES RESPONSIBILITY

MINISTER OF HEALTH

THE ANATOMY ACT (A80)
- Provides for the appointment of an Inspector of Anatomy and sub-inspectors.
- Sets out who is entitled to claim a body.
- Regulates what can and cannot be done with bodies that are not claimed.

THE CANCERCARE MANITOBA ACT (C20)
- Creates CancerCare Manitoba and provides it with the authority to deliver programs related to the prevention and treatment of cancer.

THE CHIROPRACTIC ACT (C100)
- Authorizes The Chiropractors' Association to regulate chiropractors in Manitoba.

THE DEFIBRILLATOR PUBLIC ACCESS ACT (D22)
- Allows the designation of public premises required to install publicly accessible defibrillators and establishment of requirements for the testing and maintenance of defibrillators in public premises by the Lieutenant Governor in Council.
- Requires the registration of defibrillators installed in public premises in a registry including their location and notification by the registrar of emergency 911 response services of the location of registered defibrillators.

THE DENTAL ASSOCIATION ACT (D30)
- Allows the Manitoba Dental Association to regulate the practice of dentistry in Manitoba.

THE DENTAL HEALTH WORKERS ACT (D31)
- Allows dental health workers such as dental hygienists to be registered so that they can provide services under *The Dental Health Services Act*.

THE DENTAL HEALTH SERVICES ACT (D33)
- Allows the Minister of Health to make arrangements to provide preventive and treatment dental services to certain persons designated by the Lieutenant Governor in Council. There is currently no program established under this Act.

THE DENTAL HYGIENISTS ACT (D34)
- Authorizes the College of Dental Hygienists to regulate Dental Hygienists.

THE DENTURISTS ACT (D35)
- Authorizes The Denturists Association to regulate denturists in Manitoba.

THE ELDERLY AND INFIRM PERSONS' HOUSING ACT (E20)

(Except with respect to elderly persons' housing units as defined in the Act)
- Governs the establishment of housing accommodation for the elderly or infirm.

THE EMERGENCY MEDICAL RESPONSE AND STRETCHER TRANSPORTATION ACT (E83)
- Regulates the emergency medical response services and personnel and the stretcher transportation services and personnel.

THE HEALTH ADMINISTRATION ACT (H20)
- Provides certain authority for the Minister of Health to appoint senior management and to be an ex-officio member of the board of any health care institution receiving funding from the Department.
- Specifies remedies of government in cases where expenses are incurred but not paid by the person incurring the expense and the expense becomes a liability of government.

THE DISTRICT HEALTH AND SOCIAL SERVICES ACT (H26)
- Governs the establishment and operation of health and social services districts.
- No new health and social services districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH CARE DIRECTIVES ACT (H27)
- Recognizes that mentally capable individuals have the right to consent or refuse to consent to medical treatment even after they are no longer able to participate in decisions respecting their medical treatment.

THE HEALTH SERVICES ACT (H30)
- Governs the establishment and operation of hospital districts.
- No new hospital districts have been established since the enactment of *The Regional Health Authorities Act*.

THE HEALTH SERVICES INSURANCE ACT (H35)
- Governs the administration of the Manitoba Health Services Insurance Plan in respect of the costs of hospital services, medical

services, personal care services and other health services.

THE HEARING AID ACT (H38)
- Provides for a Hearing Aid Board to licence hearing aid dealers and deal with complaints.

THE HOSPITALS ACT (H120)
- Relates to the operation of hospitals except for private hospitals.

THE HUMAN TISSUE GIFT ACT (H180)
- Regulates organ and tissue donations in Manitoba.
- Designates "human tissue gift agencies" that are to be notified when a person has died or is about to die.

THE LICENSED PRACTICAL NURSES ACT (L125)
- Authorizes the College of Licensed Practical Nurses of Manitoba to regulate licensed practical nurses.

THE MEDICAL ACT (M90)
- Authorizes the College of Physicians and Surgeons of Manitoba to regulate medical practitioners.

THE MANITOBA MEDICAL ASSOCIATION DUES ACT (M95)
- Requires the payment of dues by members and non-members of the Manitoba Medical Association.

THE MEDICAL LABORATORY TECHNOLOGISTS ACT (M100)
- Authorizes the College of Medical Laboratory Technologists to regulate Medical Laboratory Technologists.

THE MENTAL HEALTH ACT (M110)
(S.M. 1998, c. 36) (except Parts 9 and 10 and clauses 125(l) (i) and (j))
- Governs voluntary and involuntary admission of patients to psychiatric facilities and the treatment of patients in such facilities.
- Governs the appointment and powers of Committees for persons who are not mentally competent.

THE MIDWIFERY ACT (M125)
- Authorizes the College of Midwives of Manitoba to regulate midwives.

THE NATUROPATHIC ACT (N 80)
- Authorizes the Manitoba Naturopathic Association to regulate naturopaths.

THE OCCUPATIONAL THERAPISTS ACT (05)
- Authorizes the Association of Occupational Therapists of Manitoba to regulate occupational therapists.

THE OPTICIANS ACT (060)
- Authorizes The Opticians of Manitoba to regulate opticians.

THE OPTOMETRY ACT (070)
- Authorizes the Manitoba Association of Optometrists to regulate optometrists.

THE PERSONAL HEALTH INFORMATION ACT (P33.5)
- Protects personal health information in the health system in Manitoba.
- Establishes a common set of rules governing the collection, use and disclosure of personal health information that emphasize the protection of the information while ensuring that necessary information is available to provide efficient health services.

THE PHARMACEUTICAL ACT (P60)
- Authorizes the Manitoba Pharmaceutical Association to regulate pharmacists and pharmacies.
- Allows for the establishment and maintenance of a provincial drug formulary.

THE PHYSIOTHERAPISTS ACT (P65)
- Authorizes the College of Physiotherapists of Manitoba to regulate physiotherapists.

THE PODIATRISTS ACT (P93)
- Defines the practice of podiatry and provides for the regulation of the profession.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT (P115)
- Governs the operation and administration of the provincial drug benefit program.

THE PRIVATE HOSPITALS ACT (P130)
- Governs the licensing and operation of private hospitals.
- There are no private hospitals currently operating in Manitoba.

THE PROTECTION FOR PERSONS IN CARE ACT (P144)
- Requires the mandatory reporting of abuse or potential abuse of patients in hospitals or residents in personal care homes except those who are children or who are vulnerable persons in which case different legislation applies.
- Allows for the investigation of such reports, the giving of ministerial directions for actions to protect patients, or residents, and for the prosecution of offences.

- Provides protection from employment action and from interruption of service for persons who make a report in good faith under the Act.

THE PSYCHOLOGISTS REGISTRATION ACT (P190)

- Authorizes the Psychological Association of Manitoba to regulate psychologists.

THE PUBLIC HEALTH ACT**(P210)

- Provides the powers and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

**(Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation (M.R. 78/2004) under *The Public Health Act*, which is assigned to the Minister of Tourism, Culture, Heritage, Sport and Consumer Protection)

THE REGIONAL HEALTH AUTHORITIES ACT (R34)

- Governs the administration and operation of regional health authorities.

THE REGISTERED DIETITIANS ACT (R39)

- Authorizes the Manitoba Association of Registered Dietitians to regulate registered dietitians.

THE REGISTERED NURSES ACT (R40)

- Authorizes the College of Registered Nurses of Manitoba to regulate registered nurses.

THE REGISTERED PSYCHIATRIC NURSES ACT (R45)

- Authorizes the College of Registered Psychiatric Nurses of Manitoba to regulate registered psychiatric nurses.

THE REGISTERED RESPIRATORY THERAPISTS ACT (R115)

- Authorizes the Manitoba Association of Registered Respiratory Therapists to regulate respiratory therapists.

THE REGULATED HEALTH PROFESSIONS ACT (R117)

- Currently, there are 21 statutes dealing with different health professions. The RHPA will replace these statutes and bring all regulated health professions under one umbrella act.

THE SANATORIUM BOARD OF MANITOBA ACT (S12)

- Creates The Sanatorium Board of Manitoba for the purpose of enhancing the care and treatment of persons with respiratory disorders and to engage in or promote prevention and research respecting respiratory diseases. The Board may also establish treatment facilities with the approval of the Minister of Health.

THE TESTING OF BODILY FLUIDS AND DISCLOSURE ACT (T55)

- This Act enables specified persons as listed below, who have come into contact with a bodily fluid of another person to get a court order requiring the other person to provide a sample of the fluid. The sample will be tested to determine if that person is infected with certain communicable diseases. Victims of crime, good Samaritans, firefighters, emergency medical response technicians and peace officers may apply for an order as well as any other person involved in an activity or circumstance prescribed by regulation.

THE TOBACCO DAMAGES AND HEALTH CARE COSTS RECOVERY ACT (T70)

- Allows the province to take legal action against tobacco manufacturers to recover the cost of health care benefits paid in respect of tobacco-related diseases.

THE UNIVERSAL NEWBORN HEARING SCREENING ACT (U38)

(Comes into force September 1, 2016)

- This Act will ensure that parents or guardians of a newborn infant are offered the opportunity to have the infant screened for hearing loss.

MINISTER OF HEALTHY LIVING AND SENIORS

THE ADDICTIONS FOUNDATION ACT (A60)

- Creates the Addictions Foundation of Manitoba and provides for the Foundation to provide necessary services for problems relating to the use or abuse of alcohol and other drugs and substances.

THE CAREGIVER RECOGNITION ACT (C 24)

The purposes of this Act are:

- to increase recognition and awareness of caregivers;
- to acknowledge the valuable contribution they make to society; and
- to help guide the development of a framework for caregiver recognition and caregiver supports.

THE MANITOBA COUNCIL ON AGING ACT (c233)

- The council provides advice to government on matters relating to the aging process and the needs of seniors. It also promotes public understanding about the aging process.

THE NON-SMOKERS HEALTH PROTECTION ACT (N92)

- Prohibits the sale of tobacco products to children under the age of 18.
- Prohibits smoking in enclosed public places and prohibits smoking in indoor workplaces where the province has clear jurisdiction subject to certain exceptions.
- Restricts the advertising and display of tobacco and tobacco retailed products.

THE OCCUPIERS' LIABILITY ACT (O8) [Section 9.1]

- Allows the Minister to designate by regulation non-profit organizations that may mark land as a recreational trail.

THE YOUTH DRUG STABILIZATION (SUPPORT FOR PARENTS) ACT (Y50)

- Assists parents to deal with a child who has a serious drug problem. They can apply to have the young person taken to a safe and secure facility for up to seven days, where his or her condition will be assessed and stabilized, and a plan for treating the drug abuse will be developed.

APPENDIX II - LEGISLATIVE AMENDMENTS IN 2014 - 2015

A number of health statutes and regulations were amended, enacted or proclaimed in 2014/2015:

THE REGIONAL HEALTH AUTHORITIES AMENDMENT ACT (Improved Fiscal Responsibility and Community Involvement)

- Portions of this Act were proclaimed to require each regional health authority to establish local health involvement groups to explore and provide advice to the RHA Board on issues that impact the delivery of local health services

THE REGIONAL HEALTH AUTHORITIES AMENDMENT ACT (Accountability and Transparency)

Portions of this Act were proclaimed to

- require rural and northern RHAs to limit expenditures on corporate costs in each fiscal year;
- enable a Ministerial regulation to be made to limit the amount that the rural and northern RHAs may spend on corporate costs in a fiscal year; and
- require that the expenses of the CEO of each RHA and the CEO or designated senior officer of each health corporation located in an RHA's health region to be published on the RHA website;

THE NON-SMOKERS HEALTH PROTECTION AMENDMENT ACT

- Upon proclamation this Act will amend The Non-Smokers Health Protection Act to prohibit the sale or supply of flavoured tobacco products and extend the general prohibition against selling or supplying tobacco products to children by repealing the current exemption allowing a parent to provide tobacco to his or her child in a non-public place.

THE HEALTH SERVICES INSURANCE AMENDMENT AND HOSPITALS AMENDMENT ACT (Admitting Privileges)

- The Health Services Insurance Act was amended to recognize the authority of registered nurses (extended practice) and midwives to admit patients to hospital.
- The Hospitals Act was amended to recognize the authority of registered nurses (extended practice) and midwives to admit patients to hospital.

REGULATIONS:

THE HEALTH SERVICES INSURANCE ACT

Amendments were made to:

- **The Hospital Designation Regulation** to:
  - Update the regulation to reflect the new amalgamated regional health authorities as the hospitals are listed by health region in the regulation.

- **The Hospitals Services Insurance and Administration Regulation** to:
  - Recognize the authority of registered nurses (extended practice) (NPs) and midwives to admit patients to hospital.

- **The Personal Care Homes Designation Regulation** to:
  - Update the regulation to reflect the new amalgamated health regions as the personal care homes are listed by health region in the regulation.

THE PHARMACEUTICAL ACT

- Repealed and replaced the **Manitoba Drug Interchangeability Formulary Regulation** as required to update the Formulary.

THE PRESCRIPTION DRUGS COST ASSISTANCE ACT

- **The Prescription Drug Payment of Benefits Regulation** was amended to increase the income-based deductibles that beneficiaries must pay before Pharmacare will cover the costs of drugs and to recognize prescriptions issued by pharmacists for the purposes of the Pharmacare program.
- **The Specified Drugs Regulation** was amended to update the Schedule of drugs.

THE PUBLIC HEALTH ACT

- **The Swimming Pools and Other Water Recreation Facilities Regulation** was amended to exempt artificial lakes from the regulation if they have a mud, clay or sand bottom, a depth greater than 80 cm and a surface area greater than 1500 square meters.
- **The Reporting of Diseases and Conditions Regulation** was amended to update the list of diseases reportable and diseases requiring contact notification in the Reporting of Diseases and Conditions Regulation.

THE REGIONAL HEALTH AUTHORITIES ACT

- **The Regional Health Authorities (Ministerial) Regulation** was amended to:
  - (i) define the expenses of a RHA CEO and the CEO or designated senior officer of each health corporation within the RHA's Health Region that must be published on the RHA website;
  - (ii) Set limits for corporate costs for rural and northern RHAs;
  - (iii) Establish the program review committee of the College of Physicians and Surgeons of Manitoba as an accreditation body for the purposes of section 28.1 of the Act;
  - (iv) Update the wording to reflect the local health involvement groups; and
  - (v) Designate senior officers for the purposes of Division 5.1 of part 4 of the Act.

- **The Boards of Directors Regulation** was amended to repeal the requirement that members of District Health Advisory Councils must resign from the Council before being appointed to a RHA Board as the RHAs no longer have District Health Advisory Councils.

THE REGULATED HEALTH PROFESSIONS ACT

- **The Practice of Audiology and Practice of Speech-Language Pathology Regulation** was amended to expand the scopes of practice for the two professions to include education, administration and research.

THE PERSONAL HEALTH INFORMATION ACT

- **The Personal Health Information Regulation**
  The Pan Am Clinic was designated under *The Personal Health Information Act* to enable sharing of patient contact information with its affiliated foundation, The Pan Am Clinic Foundation.

APPENDIX III – PERFORMANCE REPORTING

The following section provides information on key performance measures for the department for the 2014-15 reporting year. Performance indicators in departmental Annual Reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities, and their impact on the province and its citizens.

For more information on performance reporting and the Manitoba government, visit www.manitoba.ca/performance
Your comments on performance measures are valuable to us. You can send comments or questions to mbperformance@gov.mb.ca.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2014/15 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
Manitobans' access to cardiac surgery through the measurement of median wait times for cardiac bypass surgery by level of urgency.	Timely access to surgical services is important.	As of April 2007, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-urgent): 11 days Level 3 (Elective): 31 days Overall, 97% of patients received their surgery within the benchmark.	In March 2015, the median wait time for cardiac bypass surgery by level of urgency was: Level 1 (Emergent and Urgent): 5 days Level 2 (Semi-Urgent): 9 days Level 3 (Elective): 13 days Overall, 98% of patients received their surgery within the benchmark.	A high percentage of patients continue to receive their cardiac bypass surgery within the national benchmark.	Wait times are calculated based on patients who received surgery during the reporting period. The National Benchmarks for bypass surgery are as follows: 0-14 days for Level 1 (Emergent and Urgent); 15-42 days for Level 2 (Semi-urgent); and 43-180 days for Level 3 (Elective). *Source:* Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html
Manitobans' access to radiation therapy for cancer through the measurement of median wait times for patients to commence radiation therapy	Timely access to treatment services is important.	The median wait time in April 2007 was 1 week for all cancer types. 93% of patients commenced their	In March 2015, the median wait time for all cancer types was 1 week. 100% of patients commenced their	The median wait time continues to be well within the National Benchmark for radiation therapy and a high percentage of patients continue to	The National Benchmark and provincial guarantee for radiation therapy is 4 weeks. *Source:*

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2014/15 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
treatment.		radiation therapy within four weeks (provincial guarantee).	radiation therapy within four weeks (provincial guarantee).	commence their treatment within the provincial guarantee.	Manitoba Wait Time Information web page: http://www.gov.mb.ca/health/waittime/index.html?/index.html
Death rate for heart attack as measured by the age-standardized mortality rate for acute myocardial infarction (AMI).	Cardiovascular disease, which includes heart attack (AMIs) and stroke, is a leading cause of death.	1979 rate: 140 deaths per 100,000 population 2009 rate: 29.3 deaths per 100,000 population	In 2012, the age-standardized mortality rate for heart attack (AMI) in Manitoba was 25.7 deaths per 100,000 population	The AMI mortality rate has declined dramatically in Manitoba and Canada, from approximately 140 deaths per 100,000 in 1979 to 25.7 per 100,000 in 2012.	Rates have declined largely due to improved drugs and medical care for heart attack patients, reduced smoking rates and improved control of hypertension. *Source:* Manitoba Health, Healthy Living and Seniors; Vital Statistics data.
Diabetes prevalence rate as measured by the age- and sex-adjusted proportion of residents, one year and older, living with diabetes.	Prevalence and mortality rates may reflect on the performance of the system with respect to management of diabetes.	1988/89 age- and sex-adjusted prevalence: 3.0% Age- and sex-adjusted prevalence per 100 Manitoba residents: 2002/2003 – 5.0 2003/2004 – 5.2 2004/2005 – 5.4 2005/2006 – 5.6 2006/2007 – 5.8 2007/2008 – 5.9 2008/2009 – 6.0 2009/2010 – 6.2 2010/2011 – 6.3 2011/2012 – 6.5 Source: Manitoba	Age- and sex-adjusted prevalence per 100 Manitoba residents: 2012/2013 – 6.5 Source: Manitoba Health, Healthy Living and Seniors administrative data *Notes: - Diabetes prevalence rates were calculated using the Canadian Chronic Disease Surveillance System (CCDSS) definition, and were age- and sex-	An increase in prevalence is observed in almost all RHAs, Districts and Winnipeg sub-areas. Prevalence is particularly high in the North, and may be associated with both lower income and a higher proportion of Aboriginal peoples living in that region (MCHP RHA Atlas, 2013).	Better diagnosis and reporting may have resulted in increased incidence. Better education and care may have resulted in the observed increased prevalence.

(A) What is being measured and using what indicator?	(B) Why is it important to measure this?	(C) Where are we starting from (baseline measurement)?	(D) What is the 2014/15 result or most recent available data?	(E) What is the trend over time?	(F) Targets, Timeframes, if applicable, and sources of information
		Health administrative data.	adjusted to the 1991 Canadian population.		
Telehealth: # Communities and end points (The higher number of end points indicate that some communities have more than one location equipped.) Utilization by category Utilization rates	Shows the Province's ability to address access to care and education over geographically dispersed communities.	2007/08 Clinical: 4,876 Education: 1,230 Administration: 738 Tele-visit: 33 Other: 248 2004/05 4,369 Events	2014/15 Clinical: 18,210 Education: 2,516 Administration: 1,882 Tele-visit: 117 Other: 17 2014/15 total utilization 22,742 2014/15 total number of sites 148 sites and 291 endpoints	MBT predicts **10** sites to be added in the next fiscal year. **Average Annual Growth from 2007/08 to 2014/15 fiscal years):** Clinical: 21% Education: 13% Administration: 12% Tele-visit: 22% Other: 3% 219% growth in # of events from 2007/08 (7,125) to 2014/15 (22,742)	MBTelehealth Fiscal Utilization Reports from 2003/04 to 2014/15 (data accessible from 2006/07) • 2006/07: 5,995 • 2007/08: 7,125 • 2008/09: 8,463 • 2009/10: 9,835 • 2010/11: 12,817 • 2011/12: 16,183 • 2012/13: 18,769 • 2013/14: 20,590 • 2014/15: 22,742

APPENDIX IV - *The Public Interest Disclosure (Whistleblower Protection) Act*

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007. This law gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service, and strengthens protection from reprisal. The Act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the Act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or, knowingly directing or counselling a person to commit a wrongdoing. The Act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the Act, and with a reasonable belief that wrongdoing has been or is about to be committed, is considered to be a disclosure under the Act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the Act, and must be reported in a department's annual report in accordance with Section 18 of the Act.

The following is a summary of disclosures received by Manitoba Health, Healthy Living and Seniors for fiscal year 2014-2015:

Information Required Annually (per Section 18 of The Act)	Fiscal Year 2014-2015
The number of disclosures received, and the number acted on and not acted on. *Subsection 18(2)(a)*	No disclosures were received.
The number of investigations commenced as a result of a disclosure. *Subsection 18(2)(b)*	No investigations commenced in 2014/15. There were no findings of wrongdoing under the Act.
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. *Subsection 18(2)(c)*	No investigations commenced in 2014/15. There were no findings of wrongdoing under the Act.

APPENDIX V - SUSTAINABLE DEVELOPMENT

The Sustainable Development Act (The Act) was proclaimed in July 1998. The overall goal of sustainable development is meeting the needs of the present without compromising the ability of future generations to meet their own needs.

Principles and guidelines of sustainable development have been established to guide all departments in the Province of Manitoba in their efforts to attain this goal. For an activity to be sustainable, it must be in compliance with all applicable principles and guidelines of sustainable development as determined by The Act.

In pursuit of the above, and to report on the department's efforts toward sustainable development as defined under The Act, this Annual Report provides examples of the ongoing progress and accomplishments of Manitoba Health, Healthy Living and Seniors in incorporating the principles and guidelines of sustainable development. The chosen examples are not all-inclusive, and more detail related to the department's sustainable development activities can be further examined within each appropriation of the Annual Report.

PRINCIPLES AND GUIDELINES (SECTIONS 1–13)

1. **INTEGRATION OF ENVIRONMENTAL AND ECONOMIC DECISIONS**
   The department is dedicated to taking actions that foster the principles of integrating the environment and economics into the decision-making process, specifically in the areas of human health and social consequences.

   HIGHLIGHTS:
   Fee-For-Service/Insured Benefits: provides funding of core health services that are continually changing to increase efficiencies, effectiveness and appropriate health care delivery to Manitobans in an economical and sustainable manner. Examples of core health services include funding of hospital services, air ambulance transfers, out-of-province transport services, and links to special programs covering eyeglasses, breast prostheses, hearing aids, orthopaedic shoes, contact lenses, telecommunications equipment for the profoundly deaf or speech impaired, and transportation subsidies.
   Regional Policy and Programs: continues to monitor and measure the benefits of services to the public and reports on these activities to the Minister to facilitate decision-making and to ensure that long- term strategies and actions are effective. This division provides direction in northern, rural and urban areas of the province, as well as reporting on specific areas of service, such as patient safety, cardiac services, cancer care, palliative care, home care, long-term care and dialysis.
   Provincial Nursing Stations: oversees cost-effective and quality health care to various northern communities through the management of community nursing stations.
   Public Health and Primary Health Care: supports executive management in planning and providing guidance to regional health authorities (RHAs) in implementing cost-effective primary health care initiatives to improve the health of Manitobans and access to services.
   Selkirk Mental Health Centre: delivers compassionate, respectful and cost-effective inpatient treatment and rehabilitation services to all residents of Manitoba whose mental health needs cannot be met elsewhere in the health system.

2. **STEWARDSHIP**
   The department is dedicated to implementing policies that facilitate decisions to all of the above elements of a sustainable stewardship. Stewardship is enacted by the Minister of Health and the Minister of Healthy Living and Seniors who together administer over 50 Acts. Each Act delegates its authority through regulations, policy development and indirectly through managerial direction to ensure that stewardship of our health system is upheld within standards outlined within the *Canada Health Act*, as well as provincial standards to ensure that the health of Manitobans is optimized. A sample of these acts is listed below. For more detail and information on all the acts that facilitate stewardship, please see the section "Summary of Statutes Responsibility."

HIGHLIGHTS:

The Regional Health Authorities Act: governs the administration and operation of RHAs.

The Personal Health Information Act: protects personal health information collected and used by the health system in Manitoba.

The Public Health Act: provides the power and authority necessary to support public health programs and to allow for proper enforcement of public health regulations.

The Health Services Insurance Act: governs the administration of the Manitoba Health Services Insurance Plan as it relates to the cost of hospital services, medical services, personal care services and other health services.

The Prescription Drugs Cost Assistance Act: governs the operation and administration of the provincial drug benefit program.

The Caregiver Recognition Act: governs the recognition and development framework for caregivers in Manitoba.

The Non-Smokers Health Protection Act: governs the protection of non-smokers' health.

3. SHARED RESPONSIBILITY AND UNDERSTANDING

The department continually collaborates with health authorities, inter-sectoral organizations, the federal government and stakeholders to better understand the views of others and to facilitate equitable management of our health system. To facilitate shared responsibility and understanding, the department directs its resources through specific units/branches that accommodate these activities in the health system.

HIGHLIGHTS:

Aboriginal and Northern Health Office: supports and promotes the cultural diversity among the First Nations, Métis and Inuit populations in Manitoba. The Aboriginal and Northern Health Office works collaboratively with the federal government, other branches within the department, other provincial departments, RHAs and Aboriginal political/ territorial organizations. This Branch is Manitoba's key resource on Aboriginal health issues with respect to the development of policy, strategies, initiatives and services for the Aboriginal community.

Regional Policy and Programs: participates on RHA committees and maintains communication with all RHAs to ensure the department has an ongoing understanding of the issues and concerns throughout Manitoba.

Health Workforce Secretariat: works in partnership with RHAs, regulatory and professional bodies, the education sector and other stakeholders to support the linkage between health human resource planning and departmental policy. Activities undertaken include the planning, developing, implementing and monitoring of health human resource supply and strategies to address the demands in health service delivery.

Management Services: leads coordination of the department's work with health authorities on governance, health planning, risk management, performance management, and other accountability mechanisms.

4. PREVENTION

Prevention is at the forefront of Manitoba Health, Healthy Living and Seniors. The department has a vested interest in ensuring that Manitobans are healthy and that controls and measures are in place to prevent health-related threats from impacting the general population. Ultimately, legislation is drafted, created or refined to ensure that prevention measures are in place to make the most positive impact to optimize the health and social well-being of Manitobans.

HIGHLIGHTS:

Healthy Living and Seniors: influences the conditions, both within and outside the health sector, that support healthy living and well-being through the development of a strong active living, health promotion and disease, illness and injury prevention agenda across all ages.

Cadham Provincial Laboratory: provides increased detection of various diseases that assist decision making in the decrease of the transmission of disease in Manitoba. This includes enhanced surveillance of infectious diseases to aid in outbreak identification and prevention. Also, state-of-the-art diagnostic testing for bacteria that are antibiotic resistant, toxin producing or cause food poisoning is done to improve infection control in hospitals, personal care homes and the community.

Public Health: provides health surveillance, analysis of public health threats and provides outbreak surveillance and epidemiological expertise related to norovirus, influenza and mumps. This includes the provision of provincial surveillance data for the National Diabetes Surveillance System to support evidence-based diabetes management. Also, the Branch integrates education into the continuum of diabetes prevention, care, research and support. The Public Health Branch also manages the Manitoba Immunization Monitoring System for more complete data capture, improved data quality and feedback to stakeholders. The Chief Provincial Public Health Officer ensures that preparedness plans for public health emergencies are in place and response plans, such as for West Nile Virus, Pandemic Influenza and Avian Influenza, are reviewed and updated. News releases are provided to the public in regard to public health warnings and prevention measures to be taken to lessen the risk of these threats.

Office of Disaster Management: continues to work with RHAs in implementing their disaster management programs. Incident management systems are in place to respond to a variety of emergencies and disasters throughout the province. The Emergency Response Management System has been developed to respond to large-scale health sector emergencies such as pandemic influenza.

Corporate Services: manages and maintains the provincial policy framework. Examples of provincial policy direction related to prevention include: integrated risk management; monitoring of personal care homes; internal disclosure of staff concerns; reporting of critical incidents; RHAs guide to health services; and reporting significant changes to the Office of the Chief Medical Examiner.

5. CONSERVATION AND ENHANCEMENT

The department is dedicated to making decisions that foster protection and enhancement of the ecosystem and the process that supports all life and actions and decisions which foster conservation and enhancement of resources.

HIGHLIGHTS:

Capital Planning: continued integration of universal access guidelines into new construction and major renovation projects wherever practical and according to identified needs. This includes continued improvements, such as Leadership in Energy and Environmental Design (LEED) certification for new construction and renovation projects.

Public Health: responds to chemical, microbiological and social public health issues. The Branch monitors and participates in a coordinated response to environmental health issues to Manitobans with a mandate for environmental health risk assessment, food protection, tobacco reduction and dental/oral health.

6. REHABILITATION AND RECLAMATION

The department is committed to rehabilitation and reclamation of areas and resources that have been damaged as they represent themselves.

HIGHLIGHT:

Capital Planning: oversees infrastructure projects that support investment in state-of-the-art medical equipment, the development of new projects and rehabilitation of aging community facilities.

7. GLOBAL RESPONSIBILITY

The department continues to take actions that foster a global approach to decision making with the goal of identifying and preventing the occurrence of possible adverse effects.

HIGHLIGHTS:

Federal/Provincial Policy Support: conducts negotiations on cooperative initiatives with pan-Canadian institutions and policy approaches, as well as advises leadership in the planning processes for the development of strategic priorities and directions for the health system.

Public Health: participates in the development and implementation of policies on environmental issues related to drinking and recreational water and air quality. For example, this office assesses health risk and provides information on various health concerns, such as asbestos in vermiculite insulation.

8. EFFICIENT USE OF RESOURCES

Manitoba's health system accounts for a substantial proportion of the provincial budget and as public expectations on health care services keep rising, costs continue to rise and the sustainability of our publicly-funded system is strained. The department strives for the efficient use of resources and maximizing the use of public funds. This includes all aspects of sustainability to encourage and facilitate the development, application and use of systems for proper resource pricing, demand management and resource allocation, together with incentives to encourage the efficient use of resources, and employ full-cost accounting to provide better information for decision makers.

HIGHLIGHTS:

Health Workforce Secretariat: operates an efficient and effective information network to support decision making; coordinates ongoing meetings with the health authorities and the department's Regional and Capital Finance branch; and provides site orientation visits with participating health authorities.

Provincial Drug Programs: continues to look at efficiencies of the drug review process to reduce costs and/or provide timely access to new medications. This includes specific recommendations from the Drug Management Policy Unit.

Funding to Health Authorities: directs expenditures in an efficient and expedient manner. These funds are allocated to provincial-wide appropriations (as per this Annual Report) and to health authorities in accordance with targets established through the estimates process, health planning process, and ministerial direction.

Provincial Health Services: throughout the department, various units are tasked, in some cases along with third parties, to provide services to the public, such as: out-of-province hospital services; blood transfusion services; federal hospitals; prosthetic and orthotic devices; healthy community's development; and the Nurses Recruitment and Retention Initiative.

Emergency Medical Services: provides provincial leadership in the surveillance of the air and land ambulance transport system to ensure that patient care standards are in place, safe transportation of acutely ill patients by the Lifeflight Air Ambulance Program occurs, and evaluations of licensed emergency medical services, including vehicle, equipment and processes, are conducted.

9. PUBLIC PARTICIPATION

The department strives to support and take actions that establish or change departmental legislation, procedures or processes that foster public participation in decision making, planning and program delivery. This ensures that processes are fair, appropriate appeal mechanisms are in place, and that processes and procedures foster consensus decision-making approaches.

HIGHLIGHTS:

Legislative Unit: communicates and reviews feedback from stakeholders, including consultations with the public, in regard to many of the proposed amendments to the ministerial Acts.

Mental Health Review Board: hears appeals regarding specific aspects of the admission or treatment of a patient in a psychiatric facility.

Manitoba Health Appeal Board: receives appeals related to *The Health Services Insurance Act*, *The Ambulance Services Act*, *The Mental Health Act* and the Hepatitis C Assistance Program. It also serves in an advisory role to the Minister by maintaining links between the Minister, the health care community and the community at large.

The Protection for Persons in Care Office: serves as a resource for those working in health facilities, as well as anyone in the general public, who have a duty to report suspected abuse or the likelihood of abuse to the Protection for Persons in Care Office.

Aboriginal and Northern Health Office: ensures that dialogue continues between the public and Aboriginal organizations, First Nations organizations, the Province of Manitoba and the First Nations and Inuit Health Branch – Health Canada, to ensure that decisions are made that benefit northern and/or remote communities in Manitoba and those people of Aboriginal descent.

French Language Services: provides availability and accessibility to service and material in French for the French-speaking population of Manitoba.

10. ACCESS TO INFORMATION

The department strives to take actions to improve and update data and information bases and the establishment or changes made to procedure, policy or legislation which makes departmental and provincial information more accessible to the public.

HIGHLIGHTS:

Legislative Unit: continues to provide information and formal presentations on *The Personal Health Information Act* to health information trustees throughout the province to assist them in upholding Manitobans' rights to access and privacy, as well as to the public, to assist them in understanding their rights and appeal processes.

Administration and Finance: prepares financial reports and documents such as Supplementary Information for Legislative Review, Quarterly Financial reports, and the Annual Report in accordance with legislative, Treasury Board and senior management requirements.

Information Systems: continues development and maintenance of databases to support internal and third-party information requirements, as well as development of an eHealth infrastructure.

Health Information Management: provides data sources for the department, the Ministers, RHAs and the public which is accessible internally or on the department's website. This includes managing the department's relationship with the Manitoba Centre for Health Policy and the Canadian Institute for Health Information and includes related data provisions to those organizations.

11. INTEGRATED DECISION MAKING AND PLANNING

The department takes necessary measures to establish and amend decision-making and planning processes to make them more efficient and timely, as well as to address and account for inter-generational effects.

HIGHLIGHTS:

- Health System Sustainability is one of six priorities identified for health system planning for the department and broader health system.

Information Systems: works collaboratively with outside agencies to successfully secure funding and manage information systems. This includes integration of decision and planning with multiple organizations to standardize data definitions with vendors and to support health system programs.

12. WASTE MINIMIZATION AND SUBSTITUTION

The department is committed to taking actions that promote the use of substitutes for scarce resources and to reduce, reuse, recycle or recover.

HIGHLIGHTS:

- Ongoing Blue-bin recycling program departmental sites. Bins have been installed in boardrooms, meeting rooms and all lunchrooms for empty beverage and food containers.
- Staff members are continually encouraged to save waste papers for recycling. Paper recycling boxes are provided in all offices and are recycled on a regular basis.
- Continued focus on purchasing products manufactured with recycled materials.
- Duplex capabilities have been added to all network printers to provide double-sided print capabilities to reduce paper consumption.
- Continue to develop electronic systems to minimize paper copies.

13. RESEARCH AND INNOVATION

The department is active in establishing programs and actions which encourage and assist in the research, development, application and sharing of knowledge and technologies which further sustainability.

HIGHLIGHTS:

Health Information Management: utilization of a digital dashboard within the department and updated monthly to provide the Ministers and senior management with up-to-date information on key areas such as wait times. Also, the Health Information Gateway, an internal intranet site, was expanded to facilitate department staff access to health publications and data.

Manitoba Centre for Health Policy: continues to provide funding for policy evaluation and research initiatives.

Public Health: continues educational sessions in a variety of settings related to life threatening infections and diseases.

Aboriginal and Northern Health Office: works in collaboration with Aboriginal people who have an interest in entering the health care workforce.

PROCUREMENT GOALS (SECTIONS 14-18)

14. EDUCATION, TRAINING AND AWARENESS

To meet the intent of this goal, the department enacts changes to develop a culture that supports sustainable procurement practices.

HIGHLIGHTS:

- All areas are encouraged to include sustainable development topics in their monthly/quarterly divisional meetings.
- An internal website for sustainable development communication within the department has been developed and is continually updated.
- Government-wide directives on sustainable development initiatives, such as recycling papers and toner cartridges, are continually enforced.
- Staff members are involved in the procurement of stationary products and are continually encouraged to select "Green" products whenever possible.

15. POLLUTION PREVENTION AND HUMAN HEALTH PROTECTION

To meet the intent of this goal, the department has established actions to protect the health and environment of Manitobans from possible adverse effects of their operations and activities, as well as providing a safe and healthy working environment for staff.

HIGHLIGHTS:

- Smoking by staff in government buildings and vehicles is prohibited.
- Air quality in work places is continually monitored.

16. REDUCTION OF FOSSIL FUEL EMISSIONS

To meet the intent of this goal, the department needs to reduce fossil fuel emission of its operations and activities.

HIGHLIGHTS:

- Encourage staff to participate in the "Commuter Challenge" initiative aimed at promoting alternate means to commute to work and help reduce gas emissions through cycling, walking, rollerblading, taking the bus or carpooling. Promotion efforts are targeted to department staff on ways individuals can contribute to the efforts against climate change.

17. RESOURCE CONSERVATION

To meet the intent of this goal, the department needs to reduce consumption of resources in a sustainable and environmentally-friendly manner.

HIGHLIGHTS:

Capital Planning: work with Manitoba Hydro to ensure that facility construction projects meet standards for energy efficiency and are Power Smart. The main objective is to achieve Power Smart and LEED designation to communities and health centres.

18. COMMUNITY ECONOMIC DEVELOPMENT

To meet the intent of this goal, the department would need to ensure that procurement practices foster and sustain community economic development.